

P/400006 385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

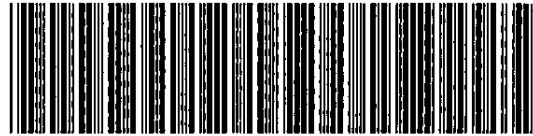
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 28 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Association Bullies, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Tim Morell
Name (Printed or typed)
1933 Tom A Toe Road
Address
Lake Worth, FL 33426
City, State & Zip
561-329-4000
Daytime Telephone number
tim@timmorell.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Association Bullies, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1933 Tom A Toe Road same
Lake Worth, FL 33426

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Seth J. Maxwell - D</u>	Name and Title:	<u>Mike Kelly - D</u>
Address	<u>8066 Aberdeen Drive #102</u>	Address:	<u>6780 Red Reef St.</u>
	<u>Boynton Beach, FL 33437</u>		<u>Lake Worth, FL 33467</u>

Name and Title:	<u>Tim Morell - D</u>	Name and Title:	_____
Address	<u>1933 Tom A Toe Road</u>	Address:	_____
	<u>Lake Worth, FL 33426</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Tim Morell
Address: 1933 Tom A Toe Road
Lake Worth, FL 33426

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Marshall McDonald, III
Address: 222 S. US Highway One, Suite 203
Tequesta, FL 33469

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Tim Morell
Required Signature/Registered Agent

7-24-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marshall McDonald, III
Required Signature/Incorporator

July 24, 2014
Date