

PH4000085097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

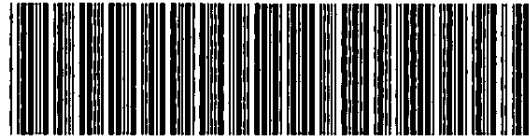
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 10/16

## COVER LETTER

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

SUBJECT: **Four Reasons Incorporated**

(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: **Laura Brown**

Name (Printed or typed)

**1932 S.E. 23rd Avenue**

Address

**Homestead, FL 33035**

City, State & Zip

**917-359-7933**

Daytime Telephone number

**LSB13@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: Four Reasons Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1932 S.E. 23rd Avenue

Homestead, FL 33035

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Laura Brown/ President

Name and Title: \_\_\_\_\_

Address 1932 S.E. 23rd Avenue

Address: \_\_\_\_\_

Homestead, FL 33035

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(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: Laura Brown  
Address: 1932 S.E. 23rd Avenue  
Homestead, FL 33035

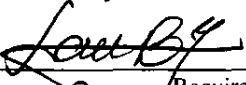
**ARTICLE VII INCORPORATOR**

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

Name: Joseph M. Marcus, Esq.  
Address: 200 NE 2nd Drive  
Homestead, FL 33030

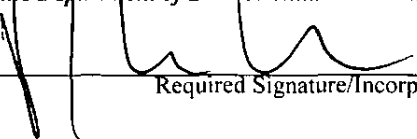
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Required Signature/Registered Agent

10-9-14  
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.*

  
Required Signature/Incorporator

10-9-14  
Date