

P14000085566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

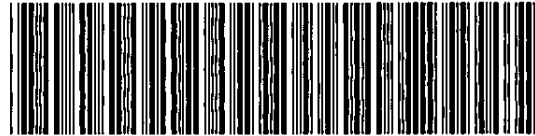
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/14--01006--006 **78.75

RECEIVED
DEPARTMENT OF STATE
14 OCT 20 PM 12:35
FALLMONT, FLORIDA
14 OCT 20 PM 12:26

APPROVED
FILED

COVER LETTER

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

SUBJECT: Bounds Investment Group 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Carol Y. Scarlett

Name (Printed or typed)

10724 Sycamore Ridge Ln.

Address

Tallahassee, FL 32305

City, State & Zip

631-398-8746

Daytime Telephone number

cyscarlett@gmail.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)

APPROVED
FILED

ARTICLE I NAME

The name of the corporation shall be:

Bounds Investment Group Inc. 11 OCT 20 PM 12:26

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

10724 Sycamore Ridge Ln.

Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Licensing educational software

ARTICLE IV SHARES

The number of shares of stock is:

70,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Y. Scarlett (President)

Address: 10724 Sycamore Ridge, Ln.
Tallahassee, FL 32305

Name and Title: Alvin W. Evans (Vice President)

Address: 5914 Vintage Oaks Pass
Mableton, Ga. 30126

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Gary A. Scarlett
Address: 4955 Lofty Pines CirW
Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

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

Name: Gary A. Scarlett
Address: 4955 Lofty Pines CirW
Jacksonville, FL 32210

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

Gary A. Scarlett
Required Signature/Registered Agent

October 20th, 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.

Gary A. Scarlett
Required Signature/Incorporator

October 20th, 2014
Date