## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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:oT

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : {850}878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION SERVING ON PURPOSE INC.

Certificate of Status	0
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## **COVER LETTER**

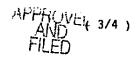
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SER	VING ON PURPOSE INC.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	i a check for:
<b>⊠</b> \$70.0 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Nam	e (Printed or typed)	
	1660 WALT WHITMAN RD STE 140		
	Address		
	MELVILLE, NY 11747		
•	City, State & Zip		
	888-579-0286		
•	Daytime	Felephone number	- " " "
	SHERRILPAUL@LIVE.COM		
•	E-mail address: (to be use	ed for future annual report	notification)

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

FLUGIN - 03 20 2013 Wolkers Kluwer Online

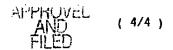
11/26/2014 10:38:18 From: To: 8506176381



## ARTICLES OF INCORPORATION

	ARTICLES OF INC In compliance with Chapter 607 ar	nd/or Chapter 621. F.S. (Profit)	14 NOV 26 AH 10: 55
The name of the corporat	E SERVING ON PURPOSE IN Shall be:	NC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRIM	VCIPAL OFFICE Principal <u>street</u> address		dress, if different is:
TAVARES, FL 32778			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:  Any legal	activity .	
ARTICLE IV SHA	<b>RES</b> stock is:	· ·	
	TAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	
Name and Title		Name and Title:	
Address	PO BOX 56	Address:	
	TAVARES, FL 32778		
		·	
Name and Title:		Name and Title:	
Address		Address:	
		<u> </u>	<del></del>
		<del></del>	
Name and Title:		Name and Title:	
Address	`	Address:	

11/26/2014 10:38:18 From: To: 8506176381



14 NOV 26 AH 10: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	NRAI Services, Inc.	•
Address:	1200 South Pine Island Road	
•	Plantation, FL 33324	
ARTICLE VII	INCORPORATOR  Incorporator is:	
Name:	BRENT BUSCAY	
Address:	9120 DOUBLE DIAMOND PARKWAY	
	RENO, NV 89521	
	am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in Istered agent and agree to act in this capacity
Ву:	MRAI Services, Inc.	11/25/2014
	Required Signature/Registered Agent	Date
	enment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a yes provided for in s.817.155, F.S.
<i>I</i> =	7-	11/25/2014
	tequired Signature/Incorporator	Date