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**Florida Department of State
Division of Corporations
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To:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 26 AM 10:55

APPROVED
AND
FILED

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

Email Address: _____

RECEIVED
14 NOV 26 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: SERVING ON PURPOSE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JENNIFER TASEVOLI
Name (Printed or typed)

1660 WALT WHITMAN RD STE 140
Address

MELVILLE, NY 11747
City, State & Zip

888-579-0286
Daytime Telephone number

SHERRILPAUL@LIVE.COM
E-mail address: (to be used for future annual report notification)

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

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

APPROVED 3/4)
AND
FILED

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

14 NOV 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: SERVING ON PURPOSE INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2820 BOARDWALK WAY

TAVARES, FL 32778

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any legal activity

ARTICLE IV SHARES
The number of shares of stock is: 2,000 AT \$.001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHERRIL PAUL Name and Title: _____

Address: PO BOX 56 Address: _____
TAVARES, FL 32778

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

APPROVAL
AND
FILED

(4/4)

14 NOV 26 AM 10:55

SECRETARY OF STATE (cont.)
TALLAHASSEE, FLORIDA

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRENT BUSCAY
Address: 9120 DOUBLE DIAMOND PARKWAY
RENO, NV 89521

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

By:	<u>NRAI Services, Inc.</u>	<u>Conais Bayon</u>	<u>11/25/2014</u>
	Required Signature/Registered Agent		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.

<u>[Signature]</u>	<u>11/25/2014</u>
Required Signature/Incorporator	Date