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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

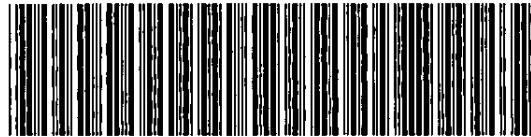
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Office Use Only

WIS00008953

APR 03 2015

T. SCOTT



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15 MAR 23 AM 11:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 MAR 23 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 6, 2015

NELSON COVER III  
420 B 4TH AVENUE, P.O. BOX 33902  
INDIALANTIC, FL 32903

SUBJECT: COVER FINANCIAL, INC.  
Ref. Number: W15000008953

We have received your document for COVER FINANCIAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 915A00002556

## COVER LETTER

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

SUBJECT: Cover Financial, 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: Nelson Cover III

Name (Printed or typed)

420 B 4th Avenue, ~~Box 2~~

Address

Indianapolis, FL, 32903

City, State & Zip

~~321-723-2159~~ 321-723-2159

Daytime Telephone number

Nelsoncover@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: Cover Financial, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

420 B 4th Ave, ~~PO Box 33902~~  
Indianantic, FL, 33902

PO Box 33902

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sale of securities.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

15 MAR 23 AM 11:20

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

Name and Title: Nelson Cover III / President Name and Title: \_\_\_\_\_

Address: 420 B 4th Ave. ~~PO Box 33902~~ Address: \_\_\_\_\_  
Indianantic, FL, 32903

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

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

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

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

(conti.)

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: Nelson Cover III

Address: ~~420 S 4th Ave, PO Box 33902~~

Indianapolis, FL, 32903

877 N HW A1A, Apt. 408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nelson Cover III

Address: ~~420 S 4th Ave, PO Box 33902~~

Indianapolis, FL, 32903

877 N HW A1A, Apt. 408

*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*

Nelson Cover III

Required Signature/Registered Agent

1/26/2015

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.*

Nelson Cover III

Required Signature/Incorporator

1/26/2015

Date