

P15000031154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

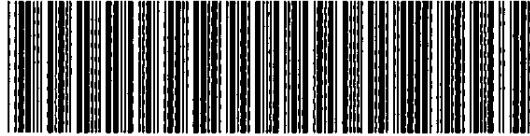
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400270852954

04/02/15--01007--018 \*\*78.75

15 APR -2 PM 1:00  
RECEIVED  
FILING OFFICE

MD 4/7

## COVER LETTER

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

SUBJECT: Complete Impact, 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: Charles Mulholland  
Name (Printed or typed)

6915 Pine Valley St  
Address

Bradenton FL 34202  
City, State & Zip

(941) 592-0737  
Daytime Telephone number

CompleteImpactINC@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)

**ARTICLE I NAME**

The name of the corporation shall be: Complete Impact, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

252 Mobily Bay Drive  
34677 Oldsmar, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to actively connect  
individuals passions and talents  
to their community for a  
"Complete Impact"

**ARTICLE IV SHARES**

The number of shares of stock is: 2,000

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

Name and Title: Charles M. Holland (President and CEO) Name and Title: \_\_\_\_\_

Address: 615 Pine Valley St Address: \_\_\_\_\_  
Bradenton FL 34202

Name and Title: Nikolas Alfonso Name and Title: \_\_\_\_\_

Address: 252 Mobily Bay Address: \_\_\_\_\_  
Dr. 34677 Oldsmar,  
FL (CFO)

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

Address: \_\_\_\_\_ 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: Nikolas Alfonso  
Address: 252 Mobbly Bay Dr.  
34677 Oldsmar, FL

15 APR -2 PM 1:00  
ALL AGENCIES  
FLORIDA

**ARTICLE VII INCORPORATOR**

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

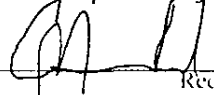
Name: Charles Mulholland  
Address: 6915 Pine Valley St  
Bradenton FL 34202

*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

3/27/15  
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

3/27/15  
Date