

P15000060204

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

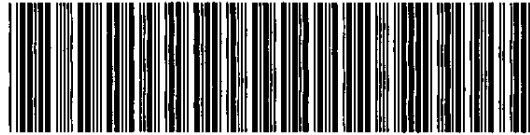
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JUL 21 2015

NOTE



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## COVER LETTER

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

SUBJECT: Aspire Pro 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: Joyanne Cadet  
Name (Printed or typed)  
P.O. Box 938601  
Address  
Margate, FL 33093  
City, State & Zip  
9545014451  
Daytime Telephone number  
aspireproinc@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: Aspire PRO INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
5075 NW 30th St  
Lauderdale Lakes, FL  
33311

Mailing address, if different is:  
P.O. BOX 938601  
Margate, FL 33093

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to incorporate all of our  
Services under one company that we provide in  
Styling, Entertainment and Community events

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Jayenne Cole + President Name and Title: \_\_\_\_\_

Address: P.O. BOX 938601 Address: \_\_\_\_\_

Margate, FL 33093 \_\_\_\_\_

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

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

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

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

15 JUL 13 AM 9:06

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: Joyanne Cadet  
Address: 5075 NW 30th St  
Lauderdale Lakes FL 33311

**ARTICLE VII INCORPORATOR**

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

Name: Joyanne Cadet  
Address: 5075 NW 30th St  
Lauderdale Lakes, FL 33311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Joyanne Cadet  
Required Signature/Registered Agent

6/16/15  
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.*

Joyanne Cadet  
Required Signature/Incorporator

6/16/15  
Date