

P/5000061611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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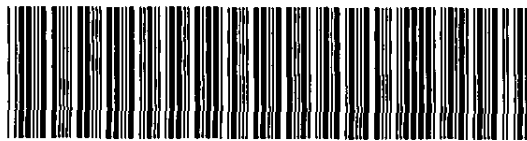
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AND FINANCIAL SERVICES
15 JUL 23 PM 4:38
TO KNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 JUL 23 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

07/23/15

COVER LETTER

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

SUBJECT: _____

850 IN THE KNOW 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____

STEVEN L. WALKER

Name (Printed or typed)

2448 TALCO HILLS DR. Suite A

Address

Tallahassee FL 32303

City, State & Zip

(850) 273-7375

Daytime Telephone number

STEVEN.WALKER@850INTHEKNOW.COM

E-mail address: (to be used for future annual report notification)

.com

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:

850 IN THE KNOW INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

113 South Monroe St.
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MARKETING PROMOTIONS
online ADVERTISING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

STEVEN L. WALKER
Chief Executive Officer
113 South Monroe St
Tallahassee, FL 32301

Name and Title

Title:

Address

Address:

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:

Address:

STEVEN L. WALKER
113 South Monroe St.
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name:

Address:

STEVEN L. WALKER
113 South Monroe St
Tallahassee, FL 32301

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

Steven Walker

Required Signature/Registered Agent

7-23-15

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.

Steven Walker

Required Signature/Incorporator

7-23-15

Date