

PI60000003460

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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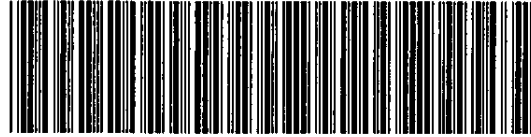
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
DEPT. OF STATE

MD 1/14

## COVER LETTER

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

SUBJECT: PM FUNDRAISING SERVICES, 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: PATRICK J. MOONEY  
\_\_\_\_\_  
Name (Printed or typed)  
  
12001 ABESS BLVD, #1315  
\_\_\_\_\_  
Address  
  
JACKSONVILLE, FL 32225  
\_\_\_\_\_  
City, State & Zip  
  
703-944-2730  
\_\_\_\_\_  
Daytime Telephone number  
  
PMOONEY@RESPONSEHQ.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: PM FUNDRAISING SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12001 ABESS BLVD, #1315  
JACKSONVILLE, FL 32225

Mailing address, if different is:  
3817 W. GLENDALE COURT  
ST. JOHNS, FL 32259

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL BUSINESS WHICH IS LEGAL UNDER THE FLORIDA CODE

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: PATRICK MOONEY, PRES/SEC/TRES

Address 12001 ABESS BLVD, #1315  
JACKSONVILLE, FL 32225

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

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

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

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

Name and Title: \_\_\_\_\_ Name and 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: PATRICK J. MOONEY

Address: 3817 W. GLENDALE COURT

ST. JOHNS, FL 32259

**ARTICLE VII INCORPORATOR**

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

Name: PATRICK J. MOONEY

Address: 3817 W. GLENDALE COURT

ST. JOHNS, FL 32259

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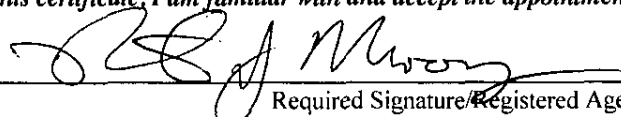
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JANUARY 1, 2016. (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.)

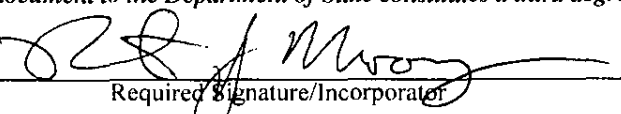
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

JAN. 1, 2016  
\_\_\_\_\_  
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

JAN. 1, 2016  
\_\_\_\_\_  
Date