

P 16000015217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

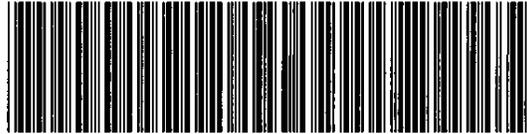
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/16--01013--003 **70.00

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STATE
MARIETTA, GEORGIA

2/17/16

COVER LETTER

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

SUBJECT: Social Security Disability Benefits Assistance
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Co.

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: Jamie Thomas
Name (Printed or typed)
4105 Buck Lake Ln.
Address
Geneva FL 32732
City, State & Zip
321-749-7266
Daytime Telephone number
ssa.disability.benefits.help@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Social Security Disability Benefits Assistance Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
405 Buck Lake Ln
Geneva FL 32732

Mailing address, if different is:

P.O. Box 498
Geneva FL 32732

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist claimants in obtaining Social Security disability benefits.

ARTICLE IV SHARES

The number of shares of stock is: 100

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SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Thomas President Name and Title: _____

Address 405 Buck Lake Ln. Address: _____
Geneva FL 32732

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: Jamie Thomas

Address: 405 Buck Lake Ln

Geneva FL 32732

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jamie Thomas

Address: 405 Buck Lake Ln

Geneva FL 32732

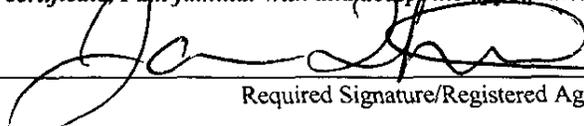
ARTICLE VIII EFFECTIVE DATE:

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.)

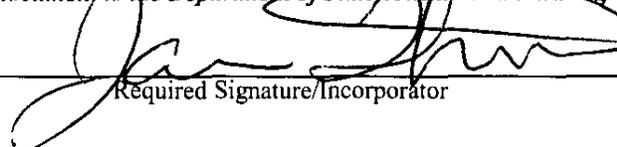
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

2/2/16
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

2/2/16
Date