

P16 0000025751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

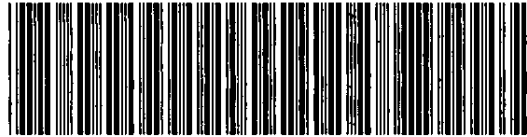
Special Instructions to Filing Officer:

MAR 24 2016

A. DUNLAP

Office Use Only

3/21



300282940533

03/21/16--01018--017 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 21 AM 10:10

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Signs of Distress, 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: Elizabeth Register

Name (Printed or typed)

5418 N.W. Bolin Street

Address

Port St. Lucie, FL 34986

City, State & Zip

7724185976

Daytime Telephone number

distressedsigns@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: Signs of Distress, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5418 N.W Bolin Street

Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Register, President

Name and Title:

Address 5418 N.W. Bolin Street

Address:

Port St. Lucie, FL 34986

Name and Title: Terry Milton, Vice President

Name and Title:

Address 5418 N.W. Bolin Street

Address:

Port St. Lucie, FL 34986

Name and Title:

Address:

APPROVED
AND
FILED
16 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Elizabeth Register

Address: 5418 N.W. Bolin Street

Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

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

Name: Elizabeth Register

Address: 5418 N.W. Bolin Street

Port St. Lucie, FL 34986

APPROVED
AND
FILED
16 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Elizabeth Register
Required Signature/Registered Agent

3/17/16
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.

Elizabeth Register
Required Signature/Incorporator

3/17/16
Date