

P16000036571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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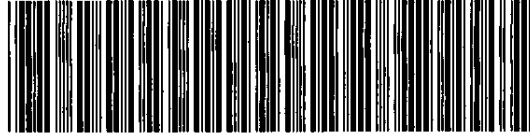
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 20 PM 1:41

SUBJECT: Brock M Slater 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: Brock M Slater
Name (Printed or typed)

1444 NW 6th Ave
Address

Ft. Lauderdale, FL 33311
City, State & Zip

954-612-1244
Daytime Telephone number

Brock.M.Slater@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: Brock M. Slater Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1444 NW 6th Ave
Ft. Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to organize & clean up
Peoples lives. through multiple channels.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brock M. Slater

Name and Title: CEO / owner

Address 1444 NW 6th Ave
Ft. Lauderdale, FL
33311

Address: 5036 N Sheridan Rd
Suite 605
Chicago, IL 60640

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: Felipe HERRERA
Address: 1444 NW 6th Ave.
Ft. Lauderdale, FL 33311

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ARTICLE VII INCORPORATOR

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

Name: Brock M. Slater
Address: 1444 NW 6th Ave.
Ft. Lauderdale, FL 33311


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~5-1-16~~ 7-1-16 (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

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

4-14-16
Date