

P/600009/362

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SECRETARY OF STATE  
DIVISION OF REVENUE  
2016 NOV 14 PM 2:15

EFFECTIVE DATE 11/07/16

11/16/16

## COVER LETTER

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

SUBJECT: PromoPro 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  
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: Neil Kitchenner  
Name (Printed or typed)

610 Green Valley Rd. H-8  
Address

Palm Harbor, FL 34683  
City, State & Zip

727-336-0736  
Daytime Telephone number

Kitchener.Neil@yahoo.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: Promopro Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 610 Green Valley Rd H-8  
Palm Harbor, FL 34683  
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neil Kitchener President  
Address: 610 Green Valley Rd  
Palm Harbor, FL H-8  
34683

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

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

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

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

2016 NOV 14 PM 2:15  
SECRETARY OF STATE  
DIVISION OF REVENUE

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:

Neil Kitchener

Address:

610 Green Valley RD H-8  
Palm Harbor, FL 34683

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Neil Kitchener

Address:

610 Green Valley RD. H-8  
Palm Harbor, FL 34683

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/7/2016 (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*

Neil Kitchener  
Required Signature/Registered Agent

11/11/2016  
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.*

Neil Kitchener  
Required Signature/Incorporator

11/11/2016  
Date

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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The name of the corporation shall be: PromoPro Services, Inc.

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Palm Harbor, FL 34683

Mailing address, if different is:

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01/13/2016  
2:15 PM  
2016 NOV 16 PM 2:15

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neil Kitchener Name and Title: President  
Address: 610 Green Valley Rd  
Palm Harbor, FL H-8  
34683

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Required Signature/Incorporator

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