

PI7000013730

(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



900295418869

900295418869
02/15/17--01001--010 **78.75

RECEIVED
17 FEB 14 PM 3:27

FILED
17 FEB 14 PM 4:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Attainment 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: Dexter Briggs
Name (Printed or typed)

1255 E. Orange Ave
Address

Tallahassee, FL 32301
City, State & Zip

850-692-4037
Daytime Telephone number

briggs12347@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
17 FEB 14 PM 4:07
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Attainment Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1255 E. Orange Ave
Tallahassee, FL 32301

Mailing address, if different is:

P.O. Box 7565 Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality services for the
communities in which we serve all while staying profitable.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dexter Briggs CEO

Name and Title: _____

Address: 1255 E. Orange Ave

Address: _____

Tallahassee, FL 32301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
17 FEB 14 PM 4:07
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: Dexter Briggs

Address: 1255 E. Orange Ave

Tallahassee, FL 32301

FILED
17 FEB 14 PM 4:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Dexter Briggs

Address: 1255 E. Orange Ave

Tallahassee, FL 32301

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

Dexter Briggs
Required Signature/Registered Agent

2/14/17
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.

Dexter Briggs
Required Signature/Incorporator

2/14/17
Date