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FILED  
APR 24 2017  
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M. MOON

APR 24 2017

## COVER LETTER

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

**SUBJECT:** TRUTH AND TRUST 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

|   |   |
|---|---|
| <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>   |   |

**FROM:** ROBERT M MARQUES  
Name (Printed or typed)

5647 Gulf Drive  
Address

New Port Richey, FL 34652  
City, State & Zip

727-264-7409  
Daytime Telephone number

nwecclass@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: TRUTH AND TRUST INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5647 Gulf Drive

New Port Richey, FL 34652

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide information and education on various topics of history, spirituality, science, economy via web-based platform and/or in person consultation

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT M MARQUES, Director

Name and Title: ROBERT M MARQUES, Secretary

Address 5647 Gulf Drive

Address: 5647 Gulf Drive

New Port Richey, FL 34652

New Port Richey, FL 34652

Name and Title: ROBERT M MARQUES, President

Name and Title: ROBERT M MARQUES, Treasurer

Address 5647 Gulf Drive

Address: 5647 Gulf Drive

New Port Richey, FL 34652

New Port Richey, FL 34652

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: ROBERT M MARQUES  
Address: 5647 Gulf Drive  
New Port Richey, FL 34652

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**ARTICLE VII INCORPORATOR**

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

Name: ROBERT M MARQUES  
Address: 5647 Gulf Drive  
New Port Richey, FL 34652

**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 days prior or 90 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*

*Robert M. Marques, without prejudice*  
\_\_\_\_\_  
Required Signature/Registered Agent

*4/20/17*  
\_\_\_\_\_  
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.*

*Robert M. Marques, without prejudice*  
\_\_\_\_\_  
Required Signature/Incorporator

*4/20/17*  
\_\_\_\_\_  
Date