

P17000064501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

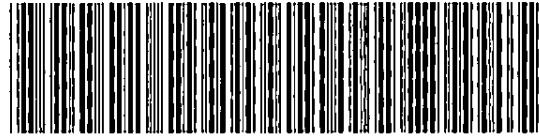
(Document Number)

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Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
17 AUG 11 AM PM 08

M. MOON  
AUG 01 2017

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724*

DATE 8-1-17  
**\*\*WALK IN\*\***

ENTITY NAME Profitreps, Inc.

DOCUMENT NUMBER (ED - mnc)

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

X

Plain Copy

\_\_\_\_\_

Certified Copy

\_\_\_\_\_

Certificate of Status

\_\_\_\_\_

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

Certified Copy of Arts & Amendments

\_\_\_\_\_

Certificate of Good Standing

\_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 70  
HECK # 3914

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**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: Profitreps, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____ _____	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: consulting  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: <u>Edward L. Long III, Director</u> Address: <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____	Name and Title: <u>Edward L. Long III, President</u> Address: <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____
Name and Title: <u>Edward L. Long III, Vice-President</u> Address: <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____	Name and Title: <u>Edward L. Long III, Secretary</u> Address: <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____
Name and Title: <u>Edward L. Long III, Treasurer</u> Address: <u>400 Holloway Dr.</u> <u>Plantation, FL 33317</u> _____	Name and Title: _____ 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: InCorp Services, Inc.  
Address: 17888 67th Court North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

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

Name: Ed Tsuji  
Address: 187 E. Warm Springs Rd., Ste. B  
Las Vegas, NV 89119

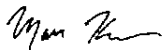
**ARTICLE VIII EFFECTIVE DATE:**

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*



Assistant Secretary

07/31/2017

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.*



Incorporator

07/31/2017

Required Signature/Incorporator

Date