

P17000067584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

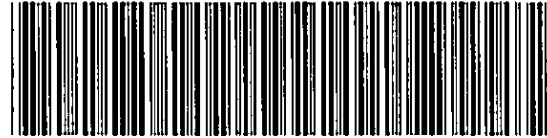
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500302147095

500302147095
08/10/17--01014--005 **70.00

17 AUG 19 AM 10:50
STATE
FALLS CHURCH, FLORIDA

EFFECTIVE DATE 08/07/17

08/11/17

COVER LETTER

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

THETA FRIENDS, INC.
SUBJECT: _____

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sally Heath

Name (Printed or typed)

PO Box 2122

Address

Clearwater, FL 33757

City, State & Zip

727-400-2430

Daytime Telephone number

sally@thetafriends.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 THETA FRIENDS, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
826 HOWARD STREET

CLEARWATER, FL 33756

Mailing address, if different is:
PO BOX 2122

CLEARWATER, FL 33757

ARTICLE III PURPOSE

a social media web site for our expressive association.
The purpose for which the corporation is organized is: _____

17 AUG 10 AM 10:50
FALL HAVEN, FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sally Heath, Director

Address: PO Box 2122

Clearwater, FL 33757

Name and Title: Robert Henry Damus, Director

Address: 1301 N. Northlake Way

Seattle, WA 98103

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: SALLY HEATH
Address: 826 HOWARD STREET
CLEARWATER, FL 33756

17 AUG 10 AM 10:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

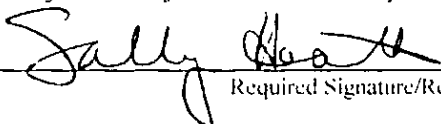
Name: SALLY HEATH
Address: PO BOX 2122
CLEARWATER, FL 33757

ARTICLE VIII EFFECTIVE DATE: AUGUST 7, 2017
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

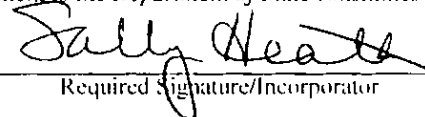


Required Signature/Registered Agent

AUGUST 7, 2017

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

AUGUST 7, 2017

Date