

P18000020920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

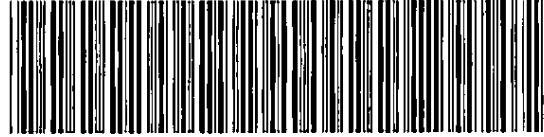
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000310116200

03/07/18--01007--001 \*\*87.50

RECEIVED  
DEPARTMENT OF STATE  
18 MAR - 7 AM 9:06

FILED  
2018 MAR - 7 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** PRIESTLEY'S DIVINE CONNECTION, 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:** ZABRINA PRIESTLEY  
Name (Printed or typed)  
6134 WISTERIA HILL  
Address  
SAN ANTONIO, TX 78218  
City, State & Zip  
(210) 279-7839  
Daytime Telephone number  
zee priestley@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)

**FILED.**

**2018 MAR -7 AM 9:20**

**ARTICLE I NAME**

The name of the corporation shall be: PRIESTLEY'S DIVINE CONNECTION, Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

C/O ZABRINA PRIESTLEY

6134 WISTERIA HILL

SAN ANTONIO, TX 78218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PRIESTLEY, ZABRINA, DIR

Name and Title: SIMMONS, HENRY, DIR

Address 6134 WISTERIA HILL

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

SAN ANTONIO, TX 78218

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: HENRY SIMMONS

Address: 7410 BECKY THATCHER LN

TAMPA, FL 33637

**ARTICLE VII INCORPORATOR**

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

Name: ZABRINA PRIESTLEY

Address: 6134 WISTERIA HILL

SAN ANTONIO, TX 78218

FILED  
2018 MAR -7 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

3/6/2018

\_\_\_\_\_  
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

3/6/2018

\_\_\_\_\_  
Date