

P18000053067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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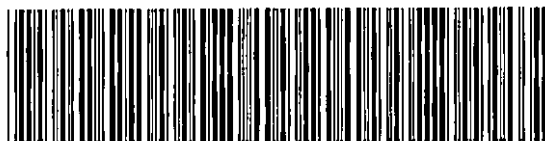
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 15 2018
T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/14/2018

****WALK IN****

ENTITY NAME PROFIT MARKETING AND DATA, INC.

DOCUMENT NUMBER _____

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

XXXXXX _____

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 \$70.00

CHECK # 4943

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: Profit Marketing and Data, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5208 SW 91st Ter.

Cooper City, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alana Lee O'Connor, Director

Address: 5208 SW 91st Ter.
Cooper City, FL 33328

Name and Title: Alana Lee O'Connor, Secretary

Address: 5208 SW 91st Ter.
Cooper City, FL 33328

Name and Title: Alana Lee O'Connor, President

Address: 5208 SW 91st Ter.
Cooper City, FL 33328

Name and Title: Alana Lee O'Connor, Treasurer

Address: 5208 SW 91st Ter.
Cooper City, FL 33328

Name and Title: Alana Lee O'Connor, Vice President

Address: 5208 SW 91st Ter.
Cooper City, FL 33328

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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

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TALLAHASSEE, FLORIDA

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

Sarah Balen Sarah Balen, Asst. Sec.
Required Signature/Registered Agent

06/14/2018
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.

[Signature]
Required Signature/Incorporator

06/14/2018
Date