

P18000054717

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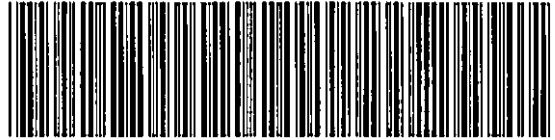
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JUN 20 2018

T. SCOTT



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2018 JUN 18 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Path to Recovery Legal Services, 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

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Victoria A. Holmberg  
\_\_\_\_\_  
Name (Printed or typed)

10300 49th St. N. Suite 442  
\_\_\_\_\_  
Address

Clearwater, FL 33762  
\_\_\_\_\_  
City, State & Zip

(727)512-3601  
\_\_\_\_\_  
Daytime Telephone number

victoriaholmbergyourdefender@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: Path to Recovery Legal Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10300 49th Street North, Suite 442  
Clearwater, FL 33762

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Legal services and any legal business purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Victoria A. Holmberg, President

Name and Title:

Address 10300 49th St. N. Suite 442  
Clearwater, FL 33762

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Victoria A. Holmberg  
Address: 10300 49th St. N. Suite 442  
Clearwater, FL 33763

**ARTICLE VII INCORPORATOR**

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

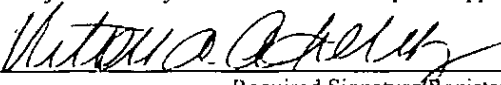
Name: Victoria A. Holmberg  
Address: 10300 49th St. N. Suite 442  
Clearwater, FL 33762

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/14/18. (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.)

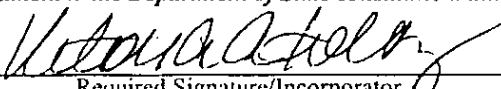
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6-13-18  
\_\_\_\_\_  
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

6-13-18  
\_\_\_\_\_  
Date