

P18000055275

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Cooley Holdings
(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: Montreil T. Thomas
Name (Printed or typed)

405 SE Mills St.
Address

Mayo, FL 32066
City, State & Zip

386-294-2951
Daytime Telephone number

sthtkc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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:

~~Cooley~~ Cooley Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

405 SE Mills St.

Mayo, FL 32066

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation will
be used to purchase and hold real property.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Ollie / Director

Address: 1400 Canyon Ct.
Bolingbrook, IL 60490

Name and Title: Tavaress M. Thomas / ~~President~~ President

Address: ~~1400 Canyon Ct.~~
405 SE Mills St.
Mayo, FL 32066

Name and Title: Ashley Cooley / CEO

Address: 1400 Canyon Ct.
Bolingbrook, IL 60490

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Montreil T. Thomas
Address: 405 SE Mills St.
Mayo, FL 32066

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Montreil T. Thomas
Address: 405 SE Mills St
Mayo, FL 32066

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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

[Signature]
Required Signature/Registered Agent

5/21/2018
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

5/21/2018
Date