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SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 23 PM 3:25
TALLAHASSEE, FLORIDA

OK 8/23/18

COVER LETTER

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

SUBJECT: Revvies, 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: Justin Norwood
Name (Printed or typed)

8320 241st St E
Address

Myakka City, Florida 34251
City, State & Zip

(813) 244-0774
Daytime Telephone number

justin@revvies.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: Revvies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8320 241st St E

Myakka City, Florida 34251

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of the for-profit corporation is to engage in any lawful activity for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Norwood, President

Address 8320 241st St E

Myakka City, Florida 34251

Name and Title: Tammy Norwood, Vice President

Address: 8320 241st St E

Myakka City, Florida 34251

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

18 AUG 23 PM 3:26
DIVISION OF CORPORATION
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: Justin Norwood
Address: 8320 241st St E
Myakka City, Florida 34251

ARTICLE VII INCORPORATOR

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

Name: Justin Norwood
Address: 8320 241st St E
Myakka City, Florida 34251

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.

August 21, 2018

Required Signature/Registered Agent

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.

August 21, 2018

Required Signature/Incorporator

Date