

P19000038177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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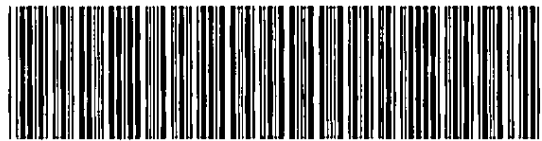
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/11/19--01011--006 **87.59

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19 APR 11 PM 3:59
CLERK OF COURT
CLERK OF COURT

M SIMMONS

APR 11 2019

COVER LETTER

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

SUBJECT: Rent I Plus South 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: Norman E Evans / PCA
Name (Printed or typed)
419417 S. USI
Address
Fort Pierce Florida 34982
City, State & Zip
(772) 448-8587
Daytime Telephone number
vp5125@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: RENT 1 Plus South Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4947 S. US Hwy 1
FORT PIERCE FL 34982

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL AND RENT-TO-OWN MISC. MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is: 100

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19 APR 11 PM 4:08
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey D. Jones President Name and Title: Norman Burns Vice President

Address: 6101 NW Butterfly Orchid Pl Address: 4947 S. US Hwy 1
Fort Saint Lucie, FL 34986 Fort Pierce, FL 34982
(PSL)

Name and Title: Kion Jones Treasurer

Address: 6101 NW Butterfly Orchid Pl
Fort Saint Lucie FL 34986

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Norman Evans

Address: 4917 S US 1

Fort Pierce FL 34942

ARTICLE VII INCORPORATOR

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

Name: Stacey D. Jones

Address: 6101 New Butterfly Dr. #100

Port Saint Lucie FL 34986

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A (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.

Norman Evans
Required Signature/Registered Agent

11/9/19
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.

Norman Evans
Required Signature/Incorporator

4/9/19
Date