

PH 000 046 720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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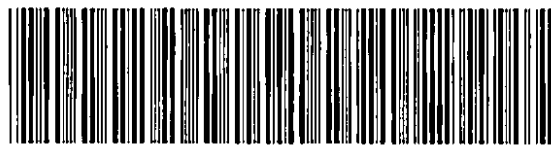
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01002--004 **350.00

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19 JUN -7 PM 4:15

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 JUN 7 PM 4:15
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

D O'KEEFE

JUN 07 2019

COVER LETTER

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

SUBJECT: ASCENEA 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: ASCENEA INC.,

Name (Printed or typed)

25 N MARKET ST

Address

JACKSONVILLE FL 32202

City, State & Zip

888 598 1161

Daytime Telephone number

INFOCORPS00@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

ASCENEA INC.,
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25 N MARKET ST

JACKSONVILLE FL 32202

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSIENSS
The purpose for which the corporation is organized is:

ARTICLE IV SHARES

1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LASHONDA MOORE P

Name and Title:

Address 25 N MARKET ST

Address:

JACKSONVILLE FL 32202

Name and Title: LASHONDA MOORE S

Name and Title:

Address 25 N MARKET ST

Address:

JACKSONVILLE FL 32202

Name and Title:

Name and Title:

Address

Address:

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-15-2003 BY 60322
JAN 14 2004

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: COREY WHITE

Address: 1301 RIVERPLACE BLVD

JACKSONVILLE FL 32207

ARTICLE VII INCORPORATOR

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

Name: LASHONDA MOORE

Address: 25 N MARKET ST

JACKSONVILLE FL 32202

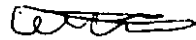
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

06/05/19

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.



Required Signature/Incorporator

06/05/19

Date

ALL AMENDED FORMS
JUN 10 2019