

P190000065167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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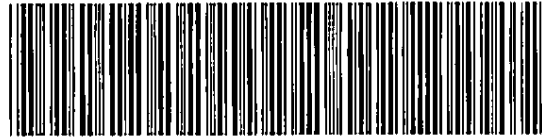
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 AUG 21 AM 10:34

N CULLIGAN

AUG 21 2019

COVER LETTER

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

SUBJECT: Invested Property Management Group
(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: Patrick Nelson
Name (Printed or typed)

P.O. Box 1232
Address

Tall. FL 32301
City, State & Zip

850-879-7009
Daytime Telephone number

Nelsoninc@yahoo.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: Invested Property Management Group Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2036-A Watson way
Tall, FL 32308

Mailing address, if different is:

P.O. Box 1232
Tall, FL 32

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tyrell Nelson - President Name and Title: _____

Address: P.O. Box 1232 Address: _____
Tall, FL 32301

Name and Title: Patrick Nelson - V.P. Name and Title: _____

Address: 2036-A Watson way Address: _____
Tall, FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK 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: Patrick Nelson
Address: 2036-A Watson Hwy
Tall. FL 32308

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Patrick Nelson
Address: 2036-A Watson Hwy
Tall. FL 32308

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ALLAHASSEE, FLORIDA

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

Patrick Nelson
Required Signature/Registered Agent

8/21/19
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.

Patrick Nelson
Required Signature/Incorporator

8/21/19
Date