

P19000065193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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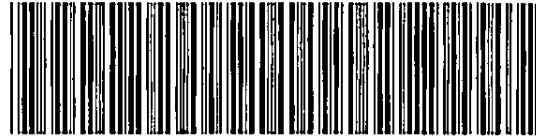
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. SAMS

AUG 21 2019

COVER LETTER

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

SUBJECT: All Summed Up, 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: Melinda L. Sniezek

Name (Printed or typed)

1820 Carissa Road

Address

West Palm Beach, FL 33406

City, State & Zip

(561) 557-4138

Daytime Telephone number

mleesniezek@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: All Summed Up, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1820 Carissa Road, West Palm Beach, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Bookkeeping Services. Financial Record keeping of receipts, payments and other financial transactions.

ARTICLE IV SHARES

The number of shares of stock is: 250

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melinda L. Sniezek, President

Name and Title:

Address 1820 Carissa Road

Address:

West Palm Beach, FL 33406

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL 32399

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: Melinda L. Sniezek
Address: 1820 Carissa Road
West Palm Beach, FL 33406

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PALM BEACH, FL 33406

ARTICLE VII INCORPORATOR

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

Name: Melinda L. Sniezek
Address: 1820 Carissa Road
West Palm Beach, FL 33406

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

August 8, 2019

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

August 8, 2019

Date