

P190000093696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

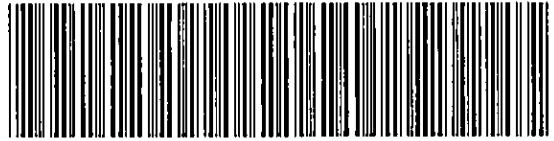
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SECRETARY OF STATE
TALLAHASSEE, FL

DEC 18 2019

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/18/19

NAME: P S ROSE, INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: P S ROSE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$78.75

Filing Fee & Certificate of Status

FROM: TROY H. MYERS, JR.

Name (Printed or typed)

2033 MAIN ST. STE 204

Address

SARASOTA, FL 34237

City, State & Zip

941-586-9093

Daytime Telephone number

myerslegalsvcs@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: P S ROSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3207 Rose St.

4 Warren Ct.

Sarasota, FL 34239

Northport, NY 11768

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any legal activities

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name: SUSAN BREE

Title: President, Director

Address 4 Warren Ct.

Northport, NY 11768

Name: PATRICK BREE

Title: Vice President, Secretary,

Director

Address: 4 Warren Ct.

Northport, NY 11768

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TROY H. MYERS, JR.

Address: 2033 MAIN ST. STE. 204

SARASOTA, FL 34237

ARTICLE VII INCORPORATOR

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

Name: TROY H. MYERS, JR.

Address: 2033 MAIN ST. STE. 204

SARASOTA, FL 34237

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

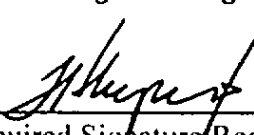
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

12-18-2019
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

12-18-2019
Date