

PR0000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

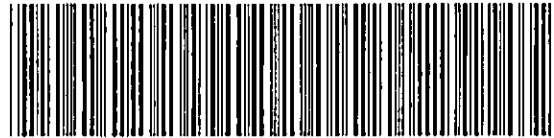
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500338633205

01/03/20--01001--001 **140.00

20 JAN -2 4:23:06

FILED

2020 JAN -2 PM 2:17

SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: **Trust the Process Recovery 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Alessandro Valenti**

Name (Printed or typed)

7960 W Gulf to Lake Hwy STE 4

Address

Crystal River FL 34429

City, State & Zip

631-454-6522

Daytime Telephone number

rocketsllc@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: Trust the Process Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7960 W Gulf to Lake Hwy

STE 4

Crystal River, FL 34429

Mailing address, if different is:

7960 W Gulf to Lake Hwy

STE 4

Crystal River, FL 34429

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alessandro Valenti

Address 7960 W Gulf To Lake Hwy
STE 4
Crystal River, FL 34429

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2020 JAN -2 PM 2:17
SEC. OF STATE
TAL. INSTITUTE, FL

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: Alessandro Valenti
Address: 7960 W Gulf to Lake Hwy STE 4
Crystal River, FL 34429

ARTICLE VII INCORPORATOR

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

Name: Alessandro Valenti
Address: 7960 W Gulf to Lake Hwy STE 4
Crystal River, FL 34429

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2020. (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

Alessandro Valenti

Required Signature/Registered Agent

01/01/2020

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.

Alessandro Valenti

Required Signature/Incorporator

01/01/2020

Date