

P20000001432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

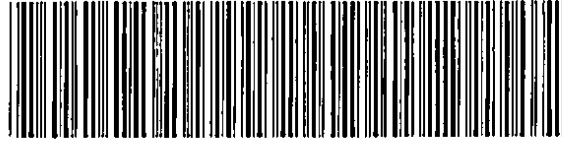
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400338811414

M SIMMONS

JAN 08 2020

20 JAN -1 PM 3:28

2020 JAN -1 PM 1:17

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/8/2020

PRIORITY Routine

OUR REF # (Order ID#) 798679

ORDER ENTITY

SAFE MONEY PARTNERS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SAFE MONEY PARTNERS INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: erin@servico.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: SAFE MONEY PARTNERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3604 South Ocean Blvd., Apt. 107

Highland Beach, FL 33487

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: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Kapela, President

Name and Title: _____

Address 3604 South Ocean Blvd., Apt. 107

Address: _____

Highland Beach, FL 33487

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 JAN 17

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: Paul Kapela
Address: 3604 South Ocean Blvd., Apt. 107
Highland Beach, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott J. Schuster
Address: 283 Washington Ave
Albany, NY 12206

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

Paul Kapela 01/06/2019
Required Signature Registered Agent 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.

_____ 01/06/2019
Required Signature/Incorporator Date