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5 19 2020
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Automate 2 Revenue of Florida Inc

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Att. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

05/18/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

ARTICLE I NAME AUTOMATE 2 REVENUE OF FLORIDA INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
1350 COMMUNITY DRIVE _____
JUPITER, FL 33458 _____

ARTICLE III PURPOSE TO DEVELOP SOFTWARE AND ANY OTHER
The purpose for which the corporation is organized is: _____
BUSINESS LEGAL IN THE STATE OF FLORIDA AND THE UNITED STATES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	LYNNE SPRUILL, PRESIDENT	Name and Title:	_____
Address	1350 COMMUNITY DRIVE	Address:	_____
	JUPITER, FL 33458		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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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: LYNNE SPRUILL
 Address: 1350 COMMUNITY DRIVE
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LYNNE SPRUILL, PRESIDENT
 Address: 1350 COMMUNITY DRIVE
JUPITER, FL 33458

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.

* Lynne Alison Spruill _____ 05/18/20
 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 to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

* Lynne Alison Spruill _____ 05/18/20
 Required Signature/Incorporator Date