

P210000030532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

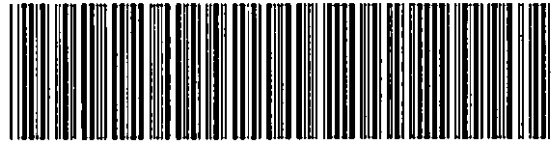
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J DENNIS
APR 05 2021

January 15, 2021

Bob J Roussel
1894 Aster Dr.
Winter Park, FL 32792

Florida Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reference: Incomes Unlimited, Inc.
Document Number: P18000092239

I, Bob J Roussel was the Registered Agent and PVST of Incomes Unlimited, Inc. I have no intentions of filing a Reinstatement on this company with your office.

I am enclosing a copy of my Articles of Incorporation for my new corporation.

Please review and response via mail or email address at broussel321@gmail.com.

Your prompt response will be greatly appreciated.



Bob J Roussel

COVER LETTER

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

SUBJECT: INCOMES UNLIMITED, 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: Bob J Roussel
Name (Printed or typed)

1894 Aster Dr.
Address

Winter Park FL 32792
City, State & Zip

407-466-9318
Daytime Telephone number

broussel321@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: Incomes Unlimited, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1894 Aster Dr.

same

Winter Park FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawfull business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bob J Rousel -President Name and Title: _____

Address 1894 Aster Dr. Address: _____

Winter Park FL 32792 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bob J Roussel

Address: 1894 Aster Dr.

Winter Park, FL 32792

ARTICLE VII INCORPORATOR

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

Name: Bob J Roussel

Address: 1894 Aster Dr.

Winter Park, FL 32792

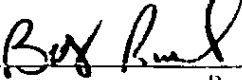
ARTICLE VIII EFFECTIVE DATE:

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

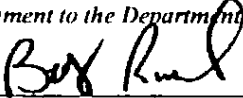


Required Signature/Registered Agent

01/18/2021

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

01/18/2021

Date