

P21000042690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

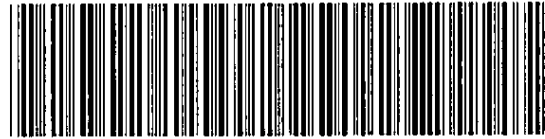
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAY 11 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

2021 MAY 11 PM 3:03

TALLAHASSEE, FL 32304

## COVER LETTER

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

SUBJECT: True Relief Service Call, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Mark C. Staples  
Name (Printed or typed)

1500 Calming Water Dr. Unit 1502  
Address

Fleming Island, FL 32003  
City, State & Zip

904 - 524 - 1407  
Daytime Telephone number

mcs Staples22@gmail.com  
E-mail address: (to be used for future annual report notification)

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

2021 MAY 11 PM 3:03

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: True Relief Service Call, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1500 Calming Water Dr.  
Unit 1502  
Fleming Island, FL 32003

Mailing address, if different is:

1500 Calming Water Dr.  
Unit 1502  
Fleming Island, FL 32003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark C. Staples ~~owner~~ CEO

Address

1500 Calming Water Dr  
unit 1502  
Fleming Island, FL 32003

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

FILED  
2021 MAY 11 PM 3:03  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: mark c. Staples

Address: 1500 Palming Water Dr. Unit 1502  
Fleming Island, FL. 32003

FILED  
2021 MAY 11 PM 3:03  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark C. Staples

Address: 1500 Palming Water Dr. Unit 1502  
Fleming Island, FL. 32003

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*

mark c. Staples  
Required Signature/Registered Agent

5-11-21  
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.*

mark c. Staples  
Required Signature/Incorporator

5-11-21  
Date