

P21000054295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

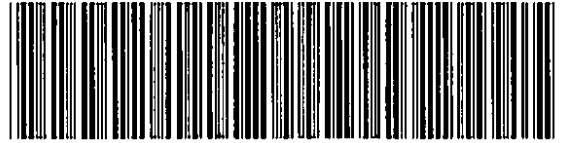
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/21--01014--001 **70.00

2021 MAY 14 AM 10:46

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COVER LETTER

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

2021 APR 16 11:10:08

SUBJECT: Thrive Guardianship + Research Corporation
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Dana Schilling
Name (Printed or typed)

6039 Cypress Gardens Blvd # 316
Address

Winter Haven, FL 33884
City, State & Zip

863-280-0987
Daytime Telephone number

midfloridaGuardians@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: Thrive Guardianship + Research Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
2740 Rutledge Ct
Winter Haven, FL 33884

Mailing address, if different is:
6039 Cypress Gardens Blvd #316
Winter Haven, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business related to providing guardianship
services to individuals in need.

ARTICLE IV SHARES

The number of shares of stock is: 1000

237
PAGE 14
ARTICLE 46

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Duran, P

Name and Title: Dana Schilling, VP

Address: 2740 Rutledge Ct
Winter Haven, FL 33884

Address: 4040 Carteret Dr
Winter Haven, FL 33884

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: Carolyn Duran
Address: 2740 Rutledge Ct.
Winter Haven, FL 33884

ARTICLE VII INCORPORATOR

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

Name: Dana Schilling
Address: 6039 Cypress Gardens Blvd #316
Winter Haven, FL 33884

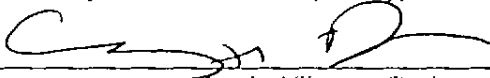
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

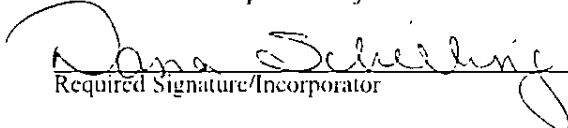
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 5/7/21
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.

 5/7/2021
Required Signature/Incorporator Date