

pa2000069136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

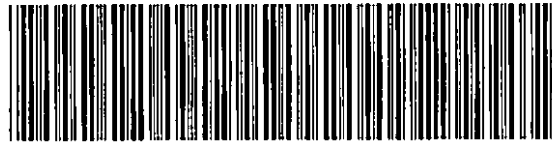
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 8 2022
TALLAHASSEE, FLORIDA

2022 SEP - 8 PM 5:12

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22 SEP - 8 PM 3:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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CERTIFIED COPY

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INC

PROGRESS MOVERS INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Progress Movers Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2202 Thomas Dr.

2202 Thomas Dr.

Panama City, FL 32408

Panama City, FL 32408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leckesha Latoya Laing - D. P. VP. S. T

Name and Title: _____

Address 2202 Thomas Dr.

Address: _____

Panama City, FL 32408

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: Registered Agent Solutions, Inc. _____

Address: 155 Office Plaza Dr., Suite A _____

Tallahassee, FL 32301 _____

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ARTICLE VII INCORPORATOR

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

Name: Edward Tsuji _____

Address: 187 E. Warm Springs Rd., Ste. B _____

Las Vegas, NV 89119 _____

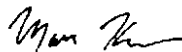
ARTICLE VIII EFFECTIVE DATE:

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

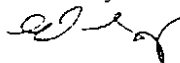
 Matthew Knee, Assistant Secretary of Registered Agent Solutions, Inc.

09/08/2022

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.



09/08/2022

Required Signature/Incorporator

Date