

P22 000082335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

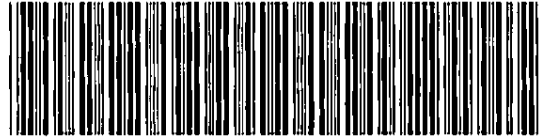
(Business Entity Name)

(Document Number)

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OCT 31 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 OCT 31 PM 2:20 22 OCT 31 AHIO: 27
TALLAHASSEE, FLOR.

CAPITAL CONNECTION, INC.

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

BANKRUPTCY NO MORE INC

Signature _____

Requested by: SETH

10/31/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

172 Ponder & Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. 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 _____

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: Bankruptcy No More, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>12716 Woodchuck Way, Hudson, FL 34667</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Brian DeGraw, P, V, S, T</u>	Name and Title:	<u></u>
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Address	<u>12716 Woodchuck Way, Hudson, FL 34667</u>	Address:	<u></u>
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<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
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<u></u>	<u></u>	<u></u>	<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
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<u></u>	<u></u>	<u></u>	<u></u>

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: Brian DeGraw
Address: 12716 Woodchuck Way, Hudson, FL 34667

ARTICLE VII INCORPORATOR

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

Name: Brian DeGraw
Address: 12716 Woodchuck Way, Hudson, FL 34667

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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

10/15/22
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

10/15/22
Date