

P23000058493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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Certified Copies _____

Certificates of Status _____

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RECORDING OFFICE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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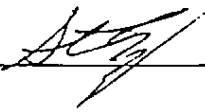
CAPITAL CONNECTION, INC.

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

LOADPRO PLUS INC

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ___ 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 _____

COVER LETTER

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

SUBJECT: LOADPRO PLUS 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: MATTHEW CAMMARASANA

Name (Printed or typed)

2985 ELBIB DR

Address

ST CLOUD, FL 34772

City, State & Zip

Daytime Telephone number

Holly.cammarasana@camsgroupinc.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: LOADPRO PLUS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2985 ELBIB DR
ST CLOUD, FL 34772

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL PRACTICES OF BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW CAMMARASANA

Address: 2985 ELBIB DR
ST CLOUD, FL 34772

Name and Title: HOLLY CAMMARASANA

Address: 2985 ELBIB DR
ST CLOUD, FL 34772

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023-03-24 2:32

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: HOLLY CAMMARASANA
Address: 2985 ELBIB DR
ST CLOUD, FL 34772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW CAMMARASANA
Address: 2985 ELBIB DR
ST CLOUD, FL 34772

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

X Holly Cammarasana
Required Signature/Registered Agent

X 8-9-23
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.

X Matthew Cammarasana
Required Signature/Incorporator

X 8-9-23
Date