

P240000067785

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10/29/24--01024--001 ♦♦10.00

2023 OCT 29 AM 9:07

## COVER LETTER

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

SUBJECT: Rewarding Socials, 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: JAMES O'BRIEN  
Name (Printed or typed)

3201 S. Dale Mabry Hwy Suite 103 E  
Address

TAMPA, FLORIDA 33629  
City, State & Zip

(813) 842 4825  
Daytime Telephone number

jim@doctorriscile.com  
E-mail address: (to be used for future annual report notification)

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**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: Rewarding Socials, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3201 S. Dale Mabry Hwy Suite 103 E  
TAMPA, FLORIDA 33629

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any lawful  
Activities at a For profit Florida Corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES O'BRIEN Treasurer Name and Title: \_\_\_\_\_

Address 3201 S. Dale Mabry Suite 103 E Address: \_\_\_\_\_  
Tampa, FL 33629

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

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

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

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

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FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, 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: James O'Brien  
Address: 3201 S. Dale Mabry Hwy Suite 103 E  
Tampa, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: James O'Brien  
Address: 3201 S. Dale Mabry Hwy Suite 103 E  
Tampa, FL 33629

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FILED  
CLERK OF THE COURT  
H&B

**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*

James O'Brien 10/25/2024  
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.*

James O'Brien 10/25/2024  
Required Signature/Incorporator Date

**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: Rewarding Socials, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 3201 S. Dale Mabry Hwy Suite 103 E  
Tampa, Florida 33629

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any lawful  
Activities of a For profit Florida Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James O'Brien Treasurer Name and Title: \_\_\_\_\_

Address: 3201 S. Dale Mabry Suite 103 E Address: \_\_\_\_\_  
Tampa, FL 33629

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

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

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

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

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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: James O'Brien

Address: 3201 S. Dale Mabry Hwy Suite 103 E  
Tampa, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James O'Brien

Address: 3201 S. Dale Mabry Hwy Suite 103 E  
Tampa, FL 33629

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2023 OCT 29 AM 9:07  
TAMPA, FL

**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.)

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James O'Brien  
Required Signature/Registered Agent

10/25/2024  
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.*

James O'Brien  
Required Signature Incorporator

10/25/2024  
Date