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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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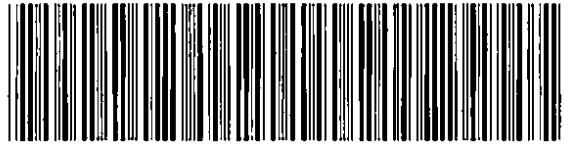
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC -2 AM 3:23 2024 DEC -2 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: AsureData 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John L. Brennan III, Esq.
Name (Printed or typed)

Pennington P.A., P.O. Box 10095
Address

Tallahassee, FL 32302-2095
City, State & Zip

850.222.3533
Daytime Telephone number

jbrennan@penningtonlaw.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: AsureData Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3325 South University Drive, Suite 206

Davie, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engaging in any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000) shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert D. Moody, Director Name and Title: _____

Address 3325 South University Drive Address: _____
Suite 206 _____
Davie, Florida 33328 _____

Name and Title: Robert D. Moody, President/CEO Name and Title: _____

Address 3325 South University Drive Address: _____
Suite 206 _____
Davie, Florida 33328 _____

Name and Title: Robert D. Moody, Secretary, Treasurer Name and Title: _____

Address 3325 South University Drive Address: _____
Suite 206 _____
Davie, Florida 33328 _____

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: Robert D. Moody

Address: 3325 South University Drive, Suite 206

Davie, Florida 33328

ARTICLE VII INCORPORATOR

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

Name: Robert D. Moody

Address: 3325 South University Drive, Suite 206

Davie, Florida 33328

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

R. Moody

Required Signature/Registered Agent

21 Nov 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.

R. Moody

Required Signature/Incorporator

21 Nov 2024

Date

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA