

P246000076800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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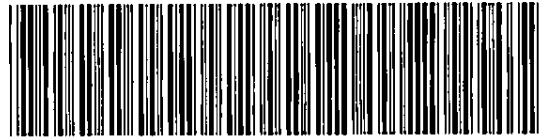
(Business Entity Name)

(Document Number)

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DATE: 12/26/2024

NAME: PURSEONAL SHOPPER INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: Purseonal Shopper, 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: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Purseconal Shopper, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1402 N Collier Blvd. B93

Marco Island, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding Company

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tanya Henderson, Director Name and Title: Bradley Henderson, Director

Address 1402 N Collier Blvd. B93 Address 1402 N Collier Blvd. B93

Marco Island, FL 34145 Marco Island, FL 34145

Name and Title: Tanya Henderson, President Name and Title: Bradley Henderson, Secretary

Address 1402 N Collier Blvd. B93 Address 1402 N Collier Blvd. B93

Marco Island, FL 34145 Marco Island, FL 34145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2024 DEC 26 AM 9:47
S. HENDERSON
S. HENDERSON

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: Tanya Henderson

Address: 1402 N Collier Blvd. B93

Marco Island, FL 34145

ARTICLE VII INCORPORATOR

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

Name: Tanya Henderson, Incorporator

Address: 1402 N Collier Blvd. B93

Marco Island, FL 34145

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TALLAHASSEE, 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.)

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

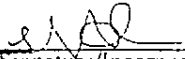


Required Signature/Registered Agent

December 23, 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.



Required Signature/Incorporator

December 23, 2024

Date