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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

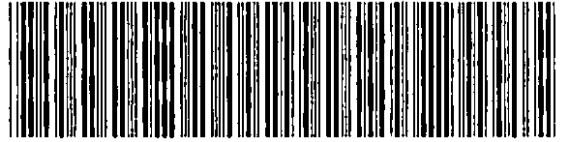
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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 07/22/2024**

**NAME: STINGING NETTLE STRATEGIES, INC**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

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

**SUBJECT:** Stinging Nettle Strategies, 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**

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**FROM:** William D. Tresch c/o HUCK BOUMA PC

Name (Printed or typed)

1755 S. Naperville Blvd.

Address

Wheaton, IL 60189

City, State & Zip

630-221-1755

Daytime Telephone number

wtresch@huckbouma.com; lrogan@huckbouma.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: Stinging Nettle Strategies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10762 Pelican Dr.

Wellington, FL 33414

Mailing address, if different is:

3N452 Francis Rd.

Maple Park, IL 60151

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the transaction of any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Caelinn Leahy, Director, President, Secretary

Name and Title:

Address

10762 Pelican Dr.

Address:

Wellington, FL 33414

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
JANICE L. BROWN, CLERK

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: Florida Filing & Search Services, Inc.  
Address: 155 Office Plaza Dr.  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Caelin Leahy  
Address: 10762 Pelican Dr.  
Wellington, FL 33414

**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.

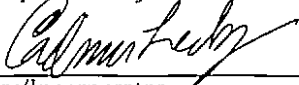
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

7/12/24  
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

7/19/2024  
Date

2024 JUL 22

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