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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MRS  
1/27

COVER LETTER

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

SUBJECT: PHILOMOP INSTITUTE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: ROBERT E. SONNTAG  
Name (Printed or typed)

4358 TIMUQUANA RD. #126  
Address

JACKSONVILLE FL 32210  
City, State & Zip

904-388-3938  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*PHILOMOP INSTITUTE, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*4358 TIMUQUANA RD., #126  
JACKSONVILLE FL 32210*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO TEACH PRINCIPLES OF CLASSIC AMERICAN  
FREE MARKET ECONOMICS*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*APPOINTED BY FOUNDER*

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

List name(s), address(es) and specific title(s):

*ROBERT E. SONNTAG, CHAIR + CEO, 4358 TIMUQUANA RD. #126 JACKSONVILLE  
FL 32210  
EDWARD S. DAZE, V.P. MARKETING + BOARD MEMBER  
1911 WOLFTECH LANE #103, RALEIGH NC 27603  
JULIA S. DAZE, V.P. AND BOARD MEMBER  
4577 HUNTINGTON ROAD, JACKSONVILLE FL 32210*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*ROBERT E. SONNTAG, 4358 TIMUQUANA RD. #126, JACKSONVILLE FL 32210*

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

*ROBERT E. SONNTAG, 4358 TIMUQUANA RD. #126, JACKSONVILLE FL 32210*

\*\*\*\*\*

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.

*Robert E. Sonntag*

Signature/Registered Agent

*Jan. 24, 2009*

Date

*Robert E. Sonntag*

Signature/Incorporator

*Jan. 24, 2009*

Date