

# P05000147239

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FALL HASSEE, FLORIDA

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FILED

11/3/05

## COVER LETTER

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

SUBJECT: THIRD EYE INVESTIGATIONS, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: AIMEE DAWN MOORE  
Name (Printed or typed)

PO BOX 105  
Address

CAIRO, GA 39828  
City, State & Zip

(850) 264-3000  
Daytime Telephone number

**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)

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05 NOV -3 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

3RD EYE INVESTIGATIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

PRINCIPAL PLACE OF BUSINESS: 910 1ST ST NE HAVANA, FL 32333

MAKING ADDRESS: PO BOX 105 CAIRO, GA 39828

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PRIVATE INVESTIGATIONS

**ARTICLE IV SHARES**

The number of shares of stock is:

1 (ONE)

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

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

DIRECTOR OF OPERATIONS: AIMEE D. MOORE PO BOX 105  
CAIRO, GA 39828

DIRECTOR OF INVESTIGATIONS: MICHAEL R. MOORE  
PO BOX 105  
CAIRO, GA 39828

**ARTICLE VI REGISTERED AGENT**

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

JOHN M. STAFFIERI  
910 1ST ST NE  
HAVANA, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

AIMEE D. MOORE  
PO BOX 105  
CAIRO, GA, 39828

\*\*\*\*\*

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

*John M. Staffieri*  
\_\_\_\_\_  
Signature/Registered Agent

*11/9/05*  
\_\_\_\_\_  
Date

*Aimee D. Moore*  
\_\_\_\_\_  
Signature/Incorporator

*11-2-05*  
\_\_\_\_\_  
Date