

PO7 000021984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

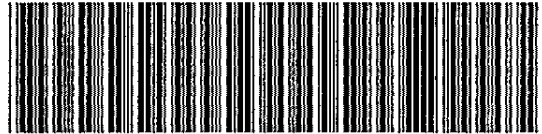
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/07--01025--009 **78.75

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07 FEB 15 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The 8240 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
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: Calisha Oglesby

Name (Printed or typed)

619 East Amelia #B

Address

Orlando ,Florida 32801

City, State & Zip

407-758-0644

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)

ARTICLE I NAME

The name of the corporation shall be:

The 8240 Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

619 East Amelia #B
Orlando Florida 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing Management and Publishing

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Calisha Oglesby (Owner)
619 East Amelia #B
Orlando Florida 32801

ARTICLE VI REGISTERED AGENT

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

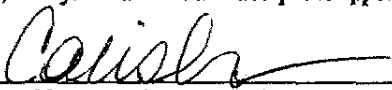
Calisha Oglesby
619 East Amelia #B
Orlando Florida 32801


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Calisha Oglesby
619 East Amelia
Orlando Florida 32801

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



Signature/Registered Agent


Signature/Incorporator

2-12-07
Date
2-12-07
Date

FILED
07 FEB 15 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA