

(Requestor's Name)						
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PICK-UP		WAIT	MAIL			
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(D	ocument	Number)				
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Certified Copies	C	ertificates	of Status			
Special Instructions to Filing Officer:						

Office Use Only



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## **COVER LETTER**

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

1,1

SUBJECT:	Idlewild Concepts, Inc.					
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	nal and one (1) copy of the arti	cles of incorporation ar	nd a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL COPY REQUIRED				
OF THE PROPERTY OF THE PROPERT	Mark Name	D. Orchard (Printed or typed)				
	8483 Sandberry Blvd. Address					
	•	Address				
	Orlando	o, FL 32819 State & Zip				
	City,	State & Zip				
: <u></u>	407-	739-8801				
	Daytime T	elephone number	··			
	mjorch@	bellsouth.net				
mjorch@bellsouth.net 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 No.	AME Idlewild Concepts, Inc.		
848	RINCIPAL OFFICE Principal street address 3 Sandberry Blvd. ando, FL 32819		dress, if different is:
	IRPOSE  h the corporation is organized is: the corporation is to conduct any I	awful purpose or purpe	oses.
ARTICLE IV SI The number of shares	of stock is: 100		
Name and Title: Address:	ITTIAL OFFICERS AND/OR DIRECTOR Mark D. Orchard, President 8483 Sandberry Blvd. Orlando, FL 32819	Name and Title: Address:	
Name and Title: Address:		Address:	1 5 SEC
Name and Title: Address:		Address:	FILED FILED FICORP
ARTICLE VI RI	EGISTERED AGENT		STA ORA
	a street address (P.O. Box NOT acceptable) o Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	-	TIONS 05
	CORPORATOR s of the Incorporator is: Mark D. Orchard 8483 Sandberry Blvd Orlando, FL 32819	 	
this certificate, I am fo	as registered agent to accept service of proces amiliar with and accept the appointment as reg nont W-lighes, Assistant VP	gistered agent and agree to act	ation at the place designated in t in this capacity
) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Required Signature/Registered Agent	<u>)                                    </u>	Date
Submit this docume document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon	e true. I am aware that the for y as provided for in s.817.155	alse information submitted in a , F.S.
- A for	Required Signature/Incorporator		6-/0-// Date