

P13000014246

(Requestor's Name)

(Address)

(Address)

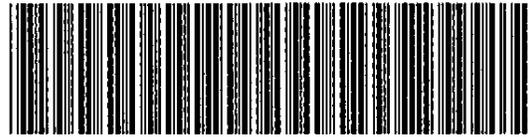
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



800244512648

02/11/13--01035--015 **70.00

Special Instructions to Filing Officer:

Arpine Paronyan

~~AUTHORIZATION BY PHONE TO~~
 CORRECT *Add Company to name*

DATE *2/12/13*

DOC. EXAM *MRS*

Office Use Only

FILED

13 FEB 11 PM 12:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MRS 2/12/13

COVER LETTER

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

SUBJECT: A Mobile Notary Service

(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: ARPINE PARONYAN

Name (Printed or typed)

360 NOVEMBER STREET

Address

PALM BEACH GARDENS, FL 33410

City, State & Zip

(561) 667-3976

Daytime Telephone number

bocasun2002@aol.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: A Mobile Notary Service Company

13 FEB 11 PM 12:08

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

360 November Street
Palm Beach Gardens
Florida 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Mobile notary public who travels to peoples homes,
or place of business, to notarize documents.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arpine Paronyan Director Name and Title: _____

Address 360 November Street Address: _____
Palm Beach Gardens, FL 33410

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

FILED
13 FEB 11 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Arpine Paronyan
Address: 360 November Street
Palm Beach Gardens, Florida 33410

ARTICLE VII INCORPORATOR

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

Name: Arpine Paronyan
Address: 360 November Street
Palm Beach Gardens, Florida 33410

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 2/6/13
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 2/6/13
Date