

P14 0000 79327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

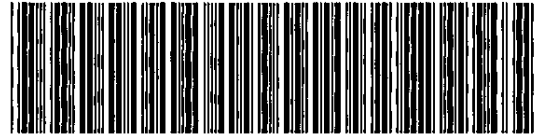
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/29/14--01018--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 22 PM 3:35

714A00020647
~~714000053683~~
RWS 9/25/14

COVER LETTER

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

SUBJECT: The 4518 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Linda Francis
Name (Printed or typed)
4518 SE 32d Place
Address
Ocala, FL 34480
City, State & Zip
352-653-0256
Daytime Telephone number
linfrancis.btw@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

LINDA FRANCIS
4518 SE 32D PLACE
OCALA, FL 34480

SUBJECT: THE 4518 CORPORATION
Ref. Number: W14000053683

We have received your document for THE 4518 CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 414A00018784

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 4518 Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4518 SE 32d Place

Ocala, FL 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal purposes under the state of Florida.

14 SEP 22 PM 06:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Francis, President Name and Title: _____

Address 4518 SE 32d Place Address: _____
Ocala, FL 34480 _____

Name and Title: Aloma Allen-Smith, Vice President Name and Title: _____

Address 4518 SE 32d Place Address: _____
Ocala, FL 34480 _____

Name and Title: Michael Francis, Secretary/Treasurer Name and Title: _____

Address 1375 Ellsworth Avenue Address: _____
Columbus, Ohio 43206 _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Linda Francis
Address: 4518 SE 32d Place
Ocala, FL 34480

ARTICLE VII INCORPORATOR

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

Name: Linda Francis
Address: 4518 SE 32d Place
Ocala, FL 34480

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 9/12/14
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 9/12/14
Date