

TRANSMITTAL LETTER

P00000003663

nt of State  
f Corporations  
Box 6327  
Tallahassee, FL 32314

SUBJECT: MARK W. YEARGIN, INC.  
(Proposed corporate name - must include suffix)

500003090485--3  
-01/06/00--01085--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is 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**

FILED  
00 JAN -6 AM 10:59  
TALLAHASSEE, FLORIDA

FROM: MARK W. YEARGIN  
Name (Printed or typed)  
709 WILLIAMS ROAD  
Address  
NEW SMYRNA BEACH, FL 32168  
City, State & Zip  
(904) 423-5110  
Daytime Telephone number



no copy

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

T. Burch JAN 12 2000

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

MARK W. YEARGIN, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

709 WILLIAMS ROAD  
NEW SMYRNA BCH, FL 32168

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARK W. YEARGIN  
709 WILLIAMS RD  
NEW SMYRNA BCH, FL 32168

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARK W. YEARGIN  
709 WILLIAMS RD.  
NEW SMYRNA BCH, FL 32168

  
Signature/Incorporator

1/1/2000

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
Signature/Registered Agent

1/1/2000

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA