

P00000016060

TRANSMITTAL LETTER

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

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-02/09/00--01072--018
*****78.75 *****78.75

SUBJECT: MOBILE HOME PERMITS, INC.
(Proposed corporate name - must include suffix)

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

FROM: STEVE POLL
Name (Printed or typed)

18060 203RD. ROAD
Address

LIVE OAK, FLORIDA 32060
City, State & Zip

904-776-2585
Daytime Telephone number

FILED
00 FEB - 9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

MOBILE HOME PERMITS, INC.

ARTICLE II PRINCIPAL OFFICE

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

18060 203RD ROAD, LIVE OAK, FL 32060

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STEVE POLL
18060 203RD ROAD, LIVE OAK, FL 32060

ARTICLE V INCORPORATOR

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

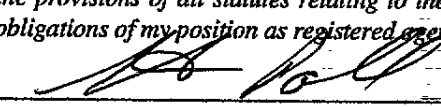
STEVE POLL
18060 203RD ROAD, LIVE OAK, FL 32060


Signature/Incorporator

2/8/00
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

2/8/00
Date

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00 FEB -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA