

P 00000061708

TRANSMITTAL LETTER

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

500003271075--3  
-05/30/00--01138--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FACTSOURCE, 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: BARRY DILLARD  
Name (Printed or typed)

P.O. BOX 580636  
Address

ORLANDO, FL 32858-0636  
City, State & Zip

407-963-3022  
Daytime Telephone number

407-397-6639

FILED  
00 JUN 26 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CB  
4-26-00  
3



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 9, 2000

BARRY DILLARD  
5364 ELM COURT  
ORLANDO, FL 32811

SUBJECT: FACTSOURCE, INC.  
Ref. Number: W00000014625

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 487-6930.

Carolyn Gurr  
Document Specialist

Letter Number: 500A00032982

**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: **FACTSOURCE, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**P.O. BOX 580636  
ORLANDO FL 32858-0636**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **INSURANCE INVESTIGATION**

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**BARRY DILLARD, CEO  
5364 ELM COURT  
ORLANDO FL 32811**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**BARRY DILLARD  
5364 ELM COURT  
ORLANDO FL 32811**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**BARRY DILLARD  
5364 ELM COURT  
ORLANDO FL 32811**

\*\*\*\*\*  
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

Signature/Registered Agent

**5-24-00**

Date

Signature/Incorporator

**5-24-00**

Date