

PROCEEDING 11/01/85

TRANSMITTAL LETTER

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

SUBJECT: CITIZENS AFFECTED BY REVOCATION, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003479959--4
-11/29/00--01055--007
*****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

FROM: LEE MEADOWS

Name (Printed or typed)

403 N. CALHOUN ST. SUITE 1

Address

TALLAHASSEE, FLA. 32301

City, State & Zip

850. 224 8873

Daytime Telephone number

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

00 NOV 29 PM 1:31

TO AGENCY
SUFFICIENCY OF FILING

SECRETARY OF STATE
TALLAHASSEE, FLA.

00 NOV 29 PM 1:44

FILED

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

11-29
WC

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:

CITIZENS AFFECTED BY REVOCATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

403 N. CALHOUN ST. SUITE 1
TALLAHASSEE, FLA. 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Represent drivers AFFECTED BY PERMANENT LICENSE
REVOCATION, ANY LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LEE MEADOWS - DIRECTOR [403 N CALHOUN ST. Suite 1
PAIGE BILLINGS - DIRECTOR [TALLAHASSEE FLA 32301

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

LEE MEADOWS
403 N CALHOUN ST. Suite 1
TALLAHASSEE FLA 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEE MEADOWS
403 N CALHOUN ST. SUITE 1
TALLAHASSEE, FLA 32301

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

Date

11/29/00

Signature/Incorporator

Date

11/29/00

FILED
00 NOV 29 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA