

P020000129460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUTHORIZATION BY PHONE TO

CORRECT ART VI

DATE 12-10-02

DOC. EXAM [Signature]



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12/02/02--01062--003 \*\*78.75

FILED  
02 DEC -2 AM 9 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-10-02  
[Signature]

## TRANSMITTAL LETTER

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

SUBJECT: Fixoclock, Inc.  
(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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Edward L. O'Brien  
Name (Printed or typed)

1145 Hollow Pine Drive  
Address

Dyredo FL 32765  
City, State & Zip

(407) 359 8682  
Daytime Telephone number

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

## 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: *Fixoclock, Inc.*

FILED  
02 DEC -2 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *1145 Hollow Pine Drive  
Oviedo FL 32765*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *clock & watch repair  
and supplies*

### ARTICLE IV SHARES

The number of shares of stock is: *300*

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): *Janet H. O'Brien, Vice President  
1145 Hollow Pine Drive, Oviedo FL 32765  
Edward L. O'Brien, President  
1145 Hollow Pine Drive, Oviedo FL 32765  
Thomas Carter O'Brien, Secretary  
4260 Huntington Circle, Atlanta GA 30339*

### ARTICLE VI REGISTERED AGENT

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

*Edward L. O'Brien  
1145 Hollow Pine Drive  
Oviedo FL 32765*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Edward L. O'Brien  
1145 Hollow Pine Drive  
Oviedo FL 32765*

\*\*\*\*\*  
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

*Edward L. O'Brien*  
\_\_\_\_\_  
Signature/Registered Agent

*11/15/02*  
\_\_\_\_\_  
Date

*Edward L. O'Brien*  
\_\_\_\_\_  
Signature/Incorporator

*11/15/02*  
\_\_\_\_\_  
Date