

PO3000044101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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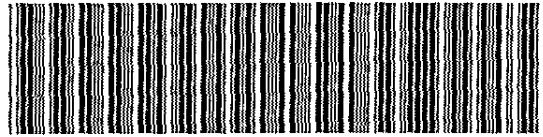
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bm 4/21

TRANSMITTAL LETTER

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

SUBJECT: JAMES MARVIN BUNN PROFESSIONAL SURVEYOR 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: JAMES MARVIN BUNN JR.
Name (Printed or typed)

211 LIVE OAK STREET
Address

NEW SMYRNA BEACH, FLORIDA 32168
City, State & Zip

(386) 4240998 FAX(386) 4240885
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:

JAMES MARVIN BUNN PROFESSIONAL SURVEYOR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

211 LIVE OAK STREET
NEW SMYRNA BEACH, FL. 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PROFESSIONAL LAND SURVEYING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JAMES MARVIN BUNN JR.
PRESIDENT/SECRETARY
4384 S. SEA MIST DRIVE
NEW SMYRNA BEACH, FL. 32168

ARTICLE VI REGISTERED AGENT

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

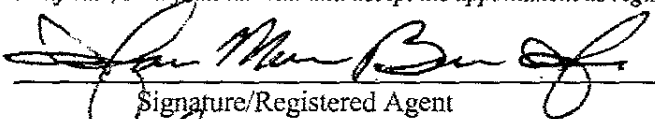
JAMES MARVIN BUNN JR.
4384 S. SEA MIST DRIVE
NEW SMYRNA BEACH, FL. 32168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES MARVIN BUNN JR.
4384 S. SEA MIST DRIVE
NEW SMYRNA BEACH, FL. 32168

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

04/09/2003

Date



Signature/Incorporator

04/09/2003

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA