

PO3000058556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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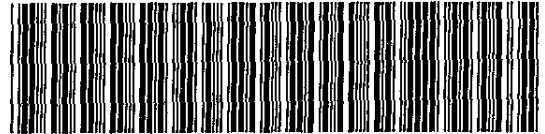
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: GARY A. MAPLES MOVING CO. 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GARY A MAPLES
Name (Printed or typed)

2901 SQUIRE OAK CT
Address

ST. CLOUD, FL 34769
City, State & Zip

(407) 891-6427
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: **GARY A. MAPLES MOVING CO. INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **2901 Squire Oak Ct.
St. Cloud, FL 34769**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROFIT, LOCAL RES. + COM.
MOVER**

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):
GARY A. MAPLES
2901 Squire Oak Ct.
St. Cloud, FL 34769
PRESIDENT
LORETTA MAPLES
2901 Squire Oak Ct.
St. Cloud, FL 34769
VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
LORETTA MAPLES
2901 Squire Oak Ct.
St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
GARY A. MAPLES
2901 Squire Oak Ct.
St. Cloud, FL 34769

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

Loretta Maples
Signature/Registered Agent

Gary A. Maples
Signature/Incorporator

GARY A MAPLES

5-14-03

Date

5-14-03

Date

03
MAY 16 AM 10:40
STATE
OFFICE
FLORIDA

FILED