

PO3000077843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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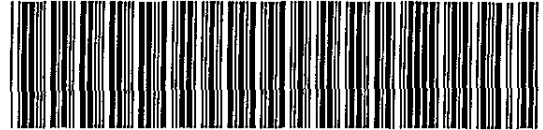
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Centerpoint Properties, 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: Michael D. Cowart

Name (Printed or typed)

488 Winding Willow Drive

Address

Palm Harbor, FL 34683

City, State & Zip

727-786-8485

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:

Centerpoint Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 495
Palm Harbor, FL 34682-0495

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential/Commercial Property Rental and General Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael D. Cowart President
Deborah J. Cowart - Vice President, Secretary

ARTICLE VI REGISTERED AGENT

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

Michael D. Cowart
488 Winding Willow Drive
Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael D. Cowart
488 Winding Willow Drive
Palm Harbor, FL 34683

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

Michael D. Cowart
Signature/Registered Agent

7-11-03

Date

Michael D. Cowart
Signature/Incorporator

7-11-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA