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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: FILLINGIM SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 Filing fee & Certificate

FROM: DIAN EDWARDS
Name (Printed or Typed)
1852-B 40th TERRACE SW.
Address
NAPLES, FLORIDA
City, State & Zip
239-455-3047
Daytime Telephone Number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *FILLINGIM SERVICES INCORPORATED*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6091 FOUR STAR FARM ROAD MOLINO, FL 32577

ARTICLE III PURPOSE

The purpose for which is corporation is organized is: *ANY AND ALL LAWFUL BUSINESS*

ARTICLE IV SHARES

The Corporations outstanding authorized shares at any one time are: *ONE HUNDRED (100)*

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DIAN EDWARDS
1852-B 40TH TERRACE SW, NAPLES, FL. 34116

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are
JAMES R FILLINGIM
6091 FOUR STAR FARM ROAD
MOLINO, FL. 32577

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

TITLE - PRESIDENT:

JAMES R FILLINGIM
6091 FOUR STAR FARM ROAD
MOLINO, FL 32577

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature Registered Agent

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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