

P03000116885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

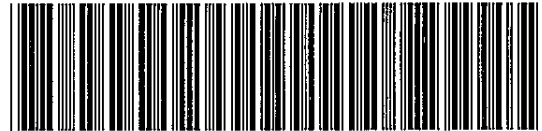
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
03 OCT 21 AM 9:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2003 OCT 21 AM 9:56
DEPT. OF STATE
TALLAHASSEE, FLORIDA

10/21/03

TRANSMITTAL LETTER

FILED

2003 OCT 21 AM 9:56

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Information Distributors, Inc. (IDI)
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Charlotte Bryant

Name (Printed or typed)

400 Inkwood Lane

Address

Tallahassee, Florida 32310

City, State & Zip

(850) 216-2728

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: Information Distributors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 400 Inkwood Lane
Tallahassee, Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribution

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): N/A

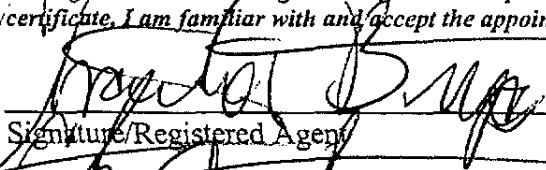
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Charlotte Bryant
400 Inkwood Lane
Tallahassee, Florida 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Charlotte Bryant
400 Inkwood Lane
Tallahassee, Florida 32310

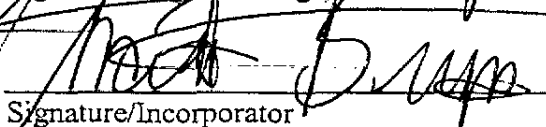
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-21-03

Date



Signature/Incorporator

10-21-03

Date

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CLERK OF STATE
TALLAHASSEE FLORIDA