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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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75
10/29/03

TRANSMITTAL LETTER

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

SUBJECT: COLEMAN CONCEPTS, INC.
(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: B. Billings
Name (Printed or typed)

2107 SAINT MARYS AVE
Address

PENSACOLA FL 32505
City, State & Zip

850 433 7500
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
COLEMAN CONCEPTS, INC.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, here by adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
COLEMAN CONCEPTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
2107 SAINT MARYS AVE
PENSACOLA, FL 32505

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 shares, \$10 par common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
MELANIE BILLINGS
9717 MOBILE HWY
PENSACOLA, FL 32526

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation are:

MELANIE BILLINGS
9717 MOBILE HWY
PENSACOLA, FL 32526

ARTICLE VI

The duration of the corporate existence shall be perpetual

ARTICLE VII

The business of the Corporation shall be managed by a board of directors

The beginning date of the corporation shall be UPON RECEIPT BY DEPT OF STATE

The undersigned incorporators have executed these Articles of Incorporation this 17th day of
OCTOBER 2003.


MELANIE BILLINGS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is: COLEMAN CONCEPTS, INC.

2. The name and address of the registered agent and office is:

MELANIE BILLINGS
NAME
9717 MOBILE HWY
ADDRESS (PO BOX NOT ACCEPTABLE)
PENSACOLA FL 32526
CITY, STATE, ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above
stated 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.*

Melanie A. Billings
SIGNATURE

10/17/03
DATE