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(Address)

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STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: INA INB 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      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

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

FROM: DOUGLAS A. McLEAN  
Name (Printed or typed)

300 NORTH CIRCLE  
Address

SEBRING, FLA. 33870  
City, State & Zip

863-385-8850  
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:

INA INB INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

300 NORTH CIRCLE  
SEBRING, FLORIDA 33870

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL BOOK SALES

ARTICLE IV SHARES

The number of shares of stock is:

5000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

DOUGLAS A. MCLEAN  
300 N. CIRCLE  
SEBRING, FLA. 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUGLAS A. MCLEAN  
300 N. CIRCLE  
SEBRING, FLA. 33870

\*\*\*\*\*  
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

1/2/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/2/04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA