

P04000019550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

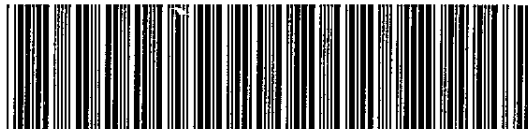
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300027252393

01/21/04--01083--010 **78.75

FILED
04 JAN 21 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BELINDA STEWART MEASURING SERVICES, 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:

BELINDA K. STEWART
Name (Printed or typed)

7622 KINGSTREE DR. S.
Address

JACKSONVILLE, FL. 32211
City, State & Zip

904-742-2580
Daytime Telephone number

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

TRANSMITTAL LETTER

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

SUBJECT: **BELINDA STEWART MEASURING SERVICES, 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: **BELINDA K. STEWART**
Name (Printed or typed)

7622 KINGSTREE DR. S.
Address

JACKSONVILLE, FL. 32211
City, State & Zip

904-742-2580
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:

BELINDA STEWART MEASURING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**7622 KINGSTREE DR. S.
JACKSONVILLE, FL. 32211**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO PERFORM FLOOR MEASURING SERVICES FOR BUSINESSES AND PERSONS REQUIRING THESE SERVICES.**

ARTICLE IV SHARES

The number of shares of stock is:

MAXIMUM ONE THOUSAND SHARES (1,000) (NO PAR)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**BELINDA K. STEWART DIRECTOR
7622 KINGSTREE DR. S.
JACKSONVILLE, FL. 32211**

ARTICLE VI REGISTERED AGENT

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

**BELINDA K. STEWART
7622 KINGSTREE DR. S.
JAX. FL. 32211**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**BELINDA K. STEWART
7622 Kingstreet Dr. S.
Jacksonville, FL. 32211**

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

Date

Signature/Incorporator

Date

FILED

04 JAN 21 AM 11:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Belinda K. Stewart

1/18/04

Belinda K. Stewart

1/18/04