

PO4000041294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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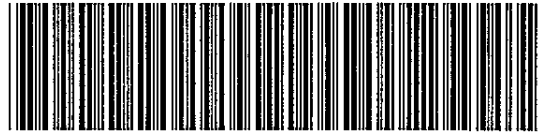
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 FEB 25 AM 10:16
TALLAHASSEE, FLORIDA

g 3/8/04

TRANSMITTAL LETTER

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2004 FEB 25 AM 10:17

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: NEFES, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Margie Weaver
Name (Printed or typed)

11250 Alumni Way
Address

Jax, FL 32246
City, State & Zip

904 646-4299
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:
NEFES, INC

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STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
11250 Alumni Way
Jax, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Profit

ARTICLE IV SHARES

The number of shares of stock is:
1,000,000 Class A non-voting shares and 100 Class B voting shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C.B. Wright, President	H.W. Coffield, VP
11250 Alumni Way	11250 Alumni Way
Jax, FL 32246	Jax, FL 32246

ARTICLE VI REGISTERED AGENT

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

H.W.Coffield
11250 Alumni Way
Jax, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

H. W. Coffield
11250 Alumni Way
Jax, FL 32246

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

2/19/03

Date



Signature/Incorporator

2/19/03

Date