

P04000075802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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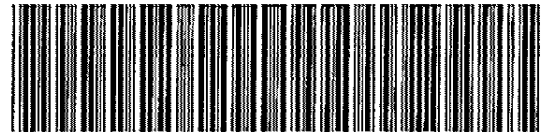
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: POPERSON SERVICES 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
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: POPOLA - A. BODE
Name (Printed or typed)

P.O. BOX 51168
Address

FORT MYERS FL. 33994
City, State & Zip

347-563-1317
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:

POPSON SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 51168
FORT MYERS, FL. 33994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

POPOLA A. BODE - DIRECTOR

ARTICLE VI REGISTERED AGENT

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

POPOLA A. BODE
13307 Fourth ST.
FORT MYERS FL. 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

POPOLA A. BODE
13307 FOURTH ST.
FORT MYERS FL. 33905

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

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04 MAY -6 PM 12:42
STATE
SECRETARY, FLORIDA
TALLAHASSEE