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(Re	questor's Name)			
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ν	<i>,</i> • • • • • • • • • • • • • • • • • • •	,		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
THALLAHASSEE, FLORIDA

130/19/

TRANSMITTAL LETTER

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

SUBJECT: PC	sintliew INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70,00	□ \$78.75	\$78.75	× \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	Audray Fairlage	VS		
FROM: Audrey Fairbanks Name (Printed or typed)				
		(
7650 PointView Cir				
		Address	 	
	_			
	Orllando FL	32836		
•	City,	State & Zip	<u></u>	
	11 - 2000	S.C./		
407-325-9894				
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:	
Pointview INC	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
6363 East Colonial	•
Orlando fl 32807	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	·
The rental of Cars and trucks	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
•	
Audrey Fairbanks, President 7650 Pointview Circle	AND THE PARTY OF T
	F F F F F F F F F F
orlando FL 32836	FILED 04 MAY 17 AM IQ: 55 SECRETARY OF STATE FLORIDA
ARTICLE VI REGISTERED AGENT	- 53 6
The name and Florida street address of the registered agent is:	75 S
	A
Audrey Fairbanks 7650 Pointview Circle	
Orlando FL 32836	
ARTICLE VII _ INCORPORATOR	
The name and address of the Incorporator is:	
Audrey Fairbanks 7650 Pointview Circle	
Orlando FL 32836	
***************************************	********
Having been named as registered agent to accept service of process for the above stated co- certificate, I am familiar with and accept the appointment as registered agent and agree to ac	
Audient Fairle Audrey Fairbanks	5/12/04
Signature/Registered Agent	Date
^ ~	
Hudrey fairbanks	5/12/04
Signature/Incorporator	Date