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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

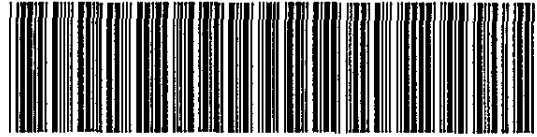
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8-3-04
WPC

TRANSMITTAL LETTER

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

SUBJECT: North Florida Covenant 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: Pieter C. Swart

Name (Printed or typed)

6915 Railroad St.

Address

Live Oak, FL 32060

City, State & Zip

386-963-2109

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:

North Florida Covenant Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6915 Railroad St.
Live Oak, FL 32060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide professional services throughout Florida.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pieter C. Swart, Pres.
Karen A. Swart, Treas.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

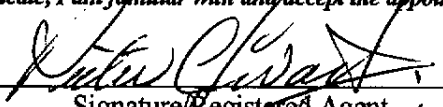
Pieter C. Swart
6915 Railroad St.
Live Oak, FL 32060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pieter C. Swart
6915 Railroad St.
Live Oak, FL 32060

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

8-2-04
Date



Signature/Incorporator

8-2-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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