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(Requestor's Name)

(Address)

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(Business Entity Name)

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STATE OF
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TRANSMITTAL LETTER

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

SUBJECT: _____

CRISLER, 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: _____

JOSEPH D. GARRICK

Name (Printed or typed)

P.O. BOX 1719

Address

CRYSTAL RIVER, FL 34428

City, State & Zip

352-795-3999

Daytime Telephone number

SECRET
DIVISION OF CORPORATIONS
AUG 12 PM 1:09

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:

CRISLER, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

ACTUAL:

MAIL: P.O. Box 925

CRYSTAL RIVER, FL 34423

645 NE 2ND AVE
CRYSTAL RIVER, FL 34423

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER THE LAWS OF THE UNITED STATE AND THE STATE OF FLORIDA

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):

JOSEPH D. GARRICK, P.O. Box 1773 CRYSTAL RIVER, FL 34423
DAVID M. GARRICK, P.O. Box 1719 CRYSTAL RIVER, FL 34423

ARTICLE VI REGISTERED AGENT

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

JOSEPH D. GARRICK
502 NW 6th STREET CRYSTAL RIVER, FL 34423

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH D. GARRICK
P.O. Box 1773 CRYSTAL RIVER, FL 34423

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

Signature/Incorporator

Date

Date

04 AUG 12 PM 1:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

8-5-04

8-5-04