

P04000121151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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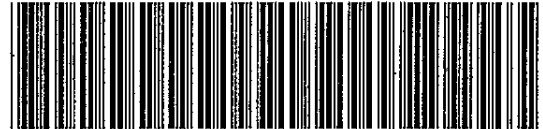
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

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TRANSMITTAL LETTER

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

SUBJECT: Fleagle's Mobile home service and Repair 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: Shaun Fleagle
Name (Printed or typed)

4540 Cypress country Ln
Address

Lakeland FL 33801
City, State & Zip

863-666-3034 / 863-381-1022
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:

~~Shawn~~ Fleegles Mobile home service and Repair Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4540 Cypress country Ln Lakeland FL 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful business

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):

Shoun fleegle Owner of Business

4540 Cypress country Ln Lakeland FL 33801

ARTICLE VI REGISTERED AGENT

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

Shavn Fleegle

4540 Cypress country Ln Lakeland FL 33801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shavn Fleegle

4540 Cypress country Ln Lakeland FL 33801

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

Shavn Fleegle

Signature/Registered Agent

8/19/04

Date

Shavn Fleegle Shavn Fleegle

Signature/Incorporator

8/19/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA