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TRANSMITTAL LETTER

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

SUBJECT: PRECISION REMANUFACTURING, 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: RUSSELL DEMING
Name (Printed or typed)

4845 OLD BAINBRIDGE RD.
Address

TALLAHASSEE, FL 32303
City, State & Zip

850. 942. 7700
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:

PRECISION REMANUFACTURING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4845 OLD BAINBRIDGE RD.
TALLAHASSEE, FL. 32303*

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:

200 SHARES PAR VALUE OF \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*RUSSELL E. DEMING
4845 OLD BAINBRIDGE RD.
TALLAHASSEE, FL. 32303
(PRESIDENT)*

*REBECCA L. DEMING
4845 OLD BAINBRIDGE RD.
TALLAHASSEE, FL. 32303
(TREASURER)*

ARTICLE VI REGISTERED AGENT

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

*RUSSELL E. DEMING
4845 OLD BAINBRIDGE RD.
TALLAHASSEE, FL. 32303*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*RUSSELL E. DEMING
4845 OLD BAINBRIDGE RD.
TALLAHASSEE, FL. 32303*

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA