

P05000023035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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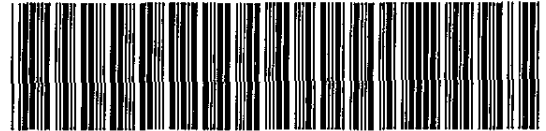
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: PARK M. TRAMMELL, JR., Co.
(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: PARK M. TRAMMELL, JR.
Name (Printed or typed)

6357 GLASGOW DR.

Address

TALLAHASSEE, FL 32312-4511

City, State & Zip

850 / 894-0241

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION
OF
PARK M. TRAMMELL, JR., CO.**

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DIVISION OF CORPORATIONS

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ARTICLE I

The name of the corporation is PARK M. TRAMMELL, JR., CO., hereafter referred to as the "Company."

ARTICLE II

The principal place of business and mailing address of the Company is 6357 Glasgow Drive, Tallahassee, FL, 32312-4511.

ARTICLE III

The purpose for which the Company is organized is to provide professional consulting services in the areas of public relations, public affairs, and technical support.

ARTICLE IV

The Company is authorized to have 100 shares of stock.

ARTICLE V

The affairs of the Company shall be managed by the following officers:

1. Park M. Trammell, Jr., 6357 Glasgow Drive, Tallahassee, FL, 32312-4511, president and treasurer.
2. Linda F. Trammell, 6357 Glasgow Drive, Tallahassee, FL, 32312-4511, vice president and secretary.

ARTICLE VI

The name and street address of the initial Agent of the Company is Linda F. Trammell, 6357 Glasgow Drive, Tallahassee, FL, 32312-4511.

ARTICLE VII

The name and street address of the Incorporator of the Company is Park M. Trammell, Jr., 6357 Glasgow Drive, Tallahassee, FL, 32312-4511.

ARTICLE VIII

The effective date of these Articles of Incorporation for the Company shall be the date of receipt by the Florida Department of State, Division of Corporations, Tallahassee, FL.

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.

Linda T. Trammell
Signature/Registered Agent

2/14/05
Date

Dark Trammell
Signature/Incorporator

2-14-05
Date

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DIVISION OF CORPORATIONS
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APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

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DIVISION OF CORPORATIONS

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Section 1

1. PARK TRAMMELL CONSULTING
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

6357 GLASGOW DR.
Mailing Address of Business
TALLAHASSEE, FL 32312-4511
City State Zip Code

3. Florida County of principal place of business: LEON COUNTY
(see instructions if more than one county)

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.
Address
City State Zip Code

2. Last First M.I.
Address
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. PARK M. TRAMMELL, JR., CO.
Entity Name
6357 GLASGOW DR.
Address
TALLAHASSEE, FL 32312-4511
City State Zip Code
Florida Registration Number P05000023035
FEI Number: 76-0780131
☐ Applied for ☐ Not Applicable

2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Park Trammell 2-14-05
Signature of Owner Date
Phone Number: 850/894-0241

Linda Trammell 2-14-05
Signature of Owner Date
Phone Number: 850-894-0241

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes

☐ Certificate of Status — \$10

☒ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50