

P05000053256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

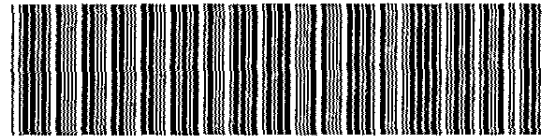
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Certified Copies _____

Certificates of Status _____

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04/06/05 01005-003 **78.75

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05 APR -6 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/11/05
T

TRANSMITTAL LETTER

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

SUBJECT: BOYER'S EMERGENCY 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: Sam W. Boyer
Name (Printed or typed)

P.O. Box 1473
Address

Perry, FL 32348
City, State & Zip

1-850-838-6036
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:

BOYER'S EMERGENCY SERVICES Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 1473 PERRY, FL 32348

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

SAM W. BOYER President
P.O. BOX 1473
PERRY, FL 32348

GEORGE W. BOYER JR.
1057 E. Canal St. N.
Belle Glade, FL 33430

ARTICLE VI REGISTERED AGENT

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

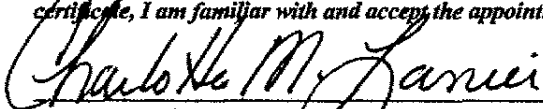
CHARLOTTE M. Lanier
3820 US HWY 19 SOUTH
PERRY, FL 32348

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAM W. BOYER
4290 GOLF COURSE ROAD
PERRY, FL 32348

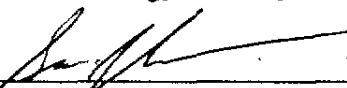
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-4-05

Date



Signature/Incorporator

4-4-05

Date

05 APR -6 PM 3:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA