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TRANSMITTAL LETTER

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

SUBJECT: The Collection Point 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: Brad A. Harvey

Name (Printed or typed)

431 Moonlit Trace

Address

Tallahassee, Fl. 32305

City, State & Zip

850-6714193

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:

The Collection Point Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1720 Gadsden St. ,Suite 201-B , Tallahassee, Fl. 32301 { Mailing Address-- P.O.Box 16463, Tallahassee, Fl. 32317-6463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

U.A. Collection Center { 3rd Party Specimen Collections }

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):

Brad A. Harvey, 431 Moonlit Trace, Tallahassee, Fl. 32305 - Registered Agent { President }

Lynelle Prior, 431 Moonlit Trace, Tallahassee, Fl. 32305 -- { Vice President }

Patreica A. Harvey, 27 Lura Lane, Crawfordville, Fl. 32326-- { Secretary / Treasure }

ARTICLE VI REGISTERED AGENT

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

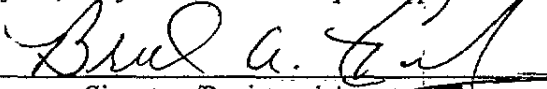
Brad A. Harvey, 431 Moonlit Trace , Tallahassee Fl. 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brad A Harvey , 431 Moonlit Trace , Tallahassee, Fl 32305--- { mailing Address-- P.O.Box 16463, Tallahassee, Fl. 32317-6463

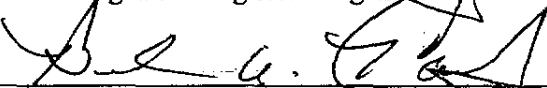
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04/25/05

Date



Signature/Incorporator

04/25/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA