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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SA

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/mailing 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 }

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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

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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

Brad A. Harvey — 04/25/05
Signature/Registered Agent — Date

Brad A. Harvey — 04/25/05
Signature/Incorporator — Date