

P05000063965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

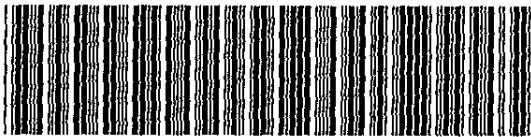
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: GEON Systems, Incorporated
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Christine J. Hopple
Name (Printed or typed)

379 Northwest 101 Terrace
Address

Coral Springs, Florida 33071
City, State & Zip

301-775-7768
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:

GEON Systems, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

379 Northwest 101 Terrace
Coral Springs, Florida 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful endeavors.

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):

Christine J. Hopple President, Treasurer, Secretary

ARTICLE VI REGISTERED AGENT

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

Christine J. Hopple
379 Northwest 101 Terrace
Coral Springs, Florida 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine.J. Hopple
379 Northwest 101 Terrace
Coral Springs, Florida 33071

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

Christine J. Hopple
Signature/Registered Agent

4/26/05
Date

Christine J. Hopple
Signature/Incorporator

4/26/05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA