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2005 MAY 20 P 3:35

STATE COURT CLERK  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Papillon Property Management, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Margaret Beerli Henry

Name (Printed or typed)

PO Box 540012

Address

Orlando, FL 32854-0012

City, State & Zip

407-298-3415

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:

Papillon Property Management, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PO Box 540012  
Orlando, FL 32854-0012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Property Management

**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):

Margaret Beerli Henry, President & CEO (D)  
Lynn Margaret Henry, Vice President & Secretary (D)  
Kris M. Henry, Vice President & Treasurer (D)

**ARTICLE VI REGISTERED AGENT**

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

Margaret Beerli Henry  
4950 Haiti Circle  
Orlando, FL 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Margaret Beerli Henry  
PO Box 540012  
Orlando, FL 32854-0012

\*\*\*\*\*

*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

05/17/05

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/17/05

\_\_\_\_\_  
Date

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA