

P05000077022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

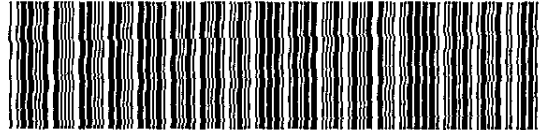
(Document Number)

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Certificates of Status \_\_\_\_\_

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05 MAY 26 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ Burch MAY 26 2005

## TRANSMITTAL LETTER

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

SUBJECT: HOLZENDORF 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: HOLZENDORF SERVICES, INC.  
Name (Printed or typed)

9838 OLD BAYMEADOWS RD. STE. 321  
Address

JACKSONVILLE, FL. 32256  
City, State & Zip

904-349-8842  
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:

HOLZENDORF SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9838 OLD BAYMEADOWS RD. STE. 321  
JACKSONVILLE, FL. 32256

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER SERVICES & ANY OTHER LAWFUL ACTIVITY AUTHORIZED  
BY STATUTES OF THE STATE OF FLORIDA

## ARTICLE IV SHARES

The number of shares of stock is:

50000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KESSLER L. HOLZENDORF  
9838 OLD BAYMEADOWS RD. STE. 321  
JACKSONVILLE, FL. 32256

## ARTICLE VI REGISTERED AGENT

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

KESSLER L. HOLZENDORF  
9838 OLD BAYMEADOWS RD. STE. 321  
JACKSONVILLE, FL. 32256

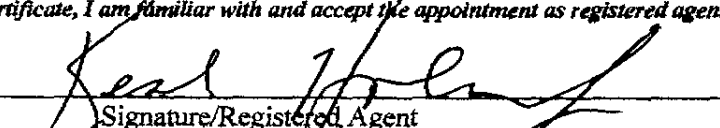
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

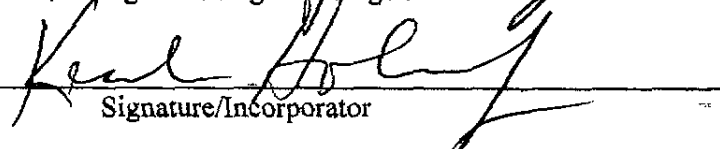
KESSLER L. HOLZENDORF  
9838 OLD BAYMEADOWS RD. STE. 321  
JACKSONVILLE, FL. 32256

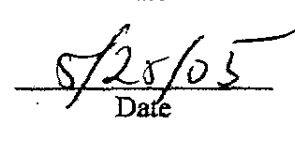
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA