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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8-11-05
200

TRANSMITTAL LETTER

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

SUBJECT: Faculty Associates Technology 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: James C. McGrath

Name (Printed or typed)

510 Trails Edge Court

Address

Saint Augustine, Florida 32095

City, State & Zip

904-631-6567

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:

Faculty Associates Technology Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

510 Trails Edge Court
Saint Augustine, Florida 32095

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Information Technology Services

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jean S. McGrath, President	510 Trails Edge Court	Saint Augustine, Florida 32095
James C. McGrath, Director	510 Trails Edge Court	Saint Augustine, Florida 32095

ARTICLE VI REGISTERED AGENT

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

James C. McGrath 510 Trails Edge Court Saint Augustine, Florida 32095

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James C. McGrath 510 Trails Edge Court Saint Augustine, Florida 32095

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

8/6/05

Date



Signature/Incorporator

8/6/05

Date

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE