

P05000129971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

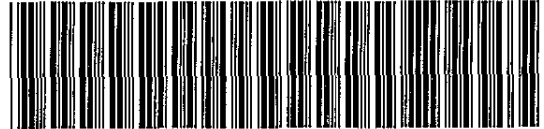
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400058277004

09/22/05--01002--004 \*\*78.75

FILED

05 SEP 21 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP 21 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1611

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

CRAIG NEAL, 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: \_\_\_\_\_

CRAIG NEAL

Name (Printed or typed)

P. O. Box 296

Address

OXFORD, FLORIDA 34481

City, State & Zip

352 - 446 - 1006

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:

*Craig Neal, INC*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*Po Box 296  
OXford, FL 34484*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Termite, Pest & LAWN Control*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Craig Neal Pres  
Craig Neal V.P.  
Craig Neal Sec.  
Craig Neal Tres*

**ARTICLE VI REGISTERED AGENT**

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

*19131 Barnett Rd  
Brooksville, FL 34601 Craig Neal*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Craig Neal  
Po Box 296  
OXford, FL 34484*

\*\*\*\*\*  
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

Signature/Incorporator

FILED  
05 SEP 21 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*9/21/05*  
Date

*9/21/05*  
Date