

POS0000135114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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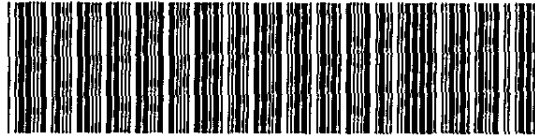
(Business Entity Name)

(Document Number)

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

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10/03/05--01021--006 \*\*70.00

05 OCT -3 PM 3:36  
ALLIANCE STATE  
FLORIDA

V-LH 10/4/05

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32315

SUBJECT: OWEN STUDIO OF SW FL, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: KEVIN OWEN  
Name (Printed or typed)  
  
1693 Lakeview Blvd.  
Address  
  
North Fort Myers, FL 33903  
City, State & Zip  
  
239-656-6147  
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)

05 OCT -3 PM 3:36

ARTICLE I NAME

The name of the corporation shall be

OWEN STUDIO OF SW FL, INC. TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1693 LAKEVIEW Blvd. North Fort Myers, FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (500) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address:

Kevin Owen  
1693 Lakeview Blvd.  
North Fort Myers, FL 33903

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kevin Owen  
1693 Lakeview Blvd.  
North Fort Myers, FL 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Kevin Owen  
1693 Lakeview Blvd.  
North Fort Myers, FL 33903

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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

Kevin R. Owen  
Signature/Registered Agent

9-28-05  
Date

Kevin R. Owen  
Signature/Incorporator

9-28-05  
Date