

P05000/46459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

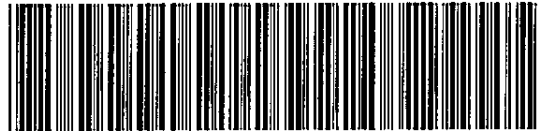
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kathryn Partin **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article II
DATE 11/1/05
DOC. EXAM MRB

Office Use Only



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11/07/05--00015--004 **37.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV - 1 PM 4:27

MRB
11/1

COVER LETTER

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

SUBJECT: Partin Properties, 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

← YES

FROM: Kathryn M. Partin
Name (Printed or typed)

PO Box 1043
Address

DeLand, FL 32721
City, State & Zip

(386) 738-7660
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:

Partin Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 1043 Deland FL 32721

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purchase and manage our own property

ARTICLE IV SHARES

The number of shares of stock is:

100 President/owner

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kathryn M. Partin P, V, S, T, D
PO Box 1043 (owner)
Deland, FL 32721

ARTICLE VI REGISTERED AGENT

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

Kathryn M. Partin
2730 LARKSPUR RD DELAND, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathryn M. Partin
PO Box 1043 Deland FL 32721

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

Kathryn M. Partin

Signature/Registered Agent

Kathryn M. Partin

Signature/Incorporator

10/25/05

Date

10/25/05

Date

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TALLAHASSEE FLORIDA
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