

P05000149352

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 NOV -8 A 10:19  
TALLAHASSEE, FLORIDA

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FILED

## TRANSMITTAL LETTER

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

SUBJECT: ADERGY, 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:

BARRY DICKSON, CPA  
Name (Printed or typed)

121 PALAFOX PLACE Suite C  
Address

PENSACOLA, FL 32502  
City, State & Zip

850 438 2122  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ADERBY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

100 McClure Dr.  
Gulf Breeze, FL 32561

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

John H. Greenfield  
100 McClure Dr. Gulf Breeze, FL 32561

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

John H. Greenfield  
100 McClure Dr. Gulf Breeze, FL 32561

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

John H. Greenfield  
100 McClure Dr. Gulf Breeze, FL 32561

\*\*\*\*\*

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

Date

Date