

PA6000069500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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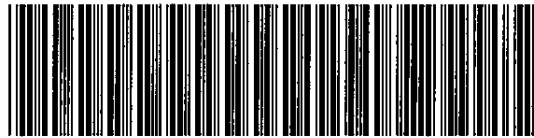
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/06--01026--030 **78.75

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06 MAY 15 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: A to Z Splicing, 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: Aaron Nolen
Name (Printed or typed)

13890 Sleepy Hollow Lane
Address

Ft. Myers, FL 33905
City, State & Zip

239-633-5077
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:

A to Z Splicing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13890 Sleepy Hollow Lane
Ft. Myers, FL 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

telephone cable maintenance

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

president, vice president, secretary, treasurer will be:

Aaron Nolen
13890 Sleepy Hollow Lane
Ft. Myers, FL 33905

ARTICLE VI REGISTERED AGENT

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

Aaron Nolen
13890 Sleepy Hollow Lane
Ft. Myers, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aaron Nolen
13890 Sleepy Hollow Lane
Ft. Myers, FL 33905

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

Aaron Nolen

Signature/Registered Agent

Aaron Nolen

Signature/Incorporator

Aaron Nolen

5/11/06

Date

5/11/06

Date

FILED
06 MAY 15 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA