

P06000070828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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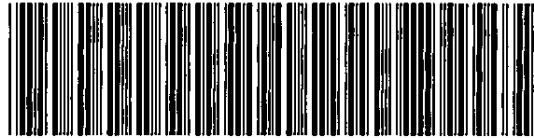
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/06--01008--019 **78.75

FILED

06 MAY 19 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: North Florida Taxidermy, 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: Cecil Ward

Name (Printed or typed)

2190 NE 175th Avenue

Address

Williston, FL 32696

City, State & Zip

352-528-5152

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:

North Florida Taxidermy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2190 NE 175th Avenue
Williston, FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares of the par value of \$10.00 each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cecil Ward 2190 NE 175th Avenue Williston, F 32696 President / Treasurer
Steve Ward 18550 NE 60th Street Williston, FL 32696 Secretary

ARTICLE VI REGISTERED AGENT

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

Cecil Ward
2190 NE 175th Avenue
Williston, FL 32696

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

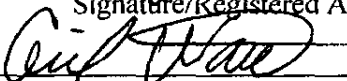
Cecil Ward
2190 NE 175th Avenue
Williston, FL 32696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5-16-06

Date

5-16-06

Date