

P06000086068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

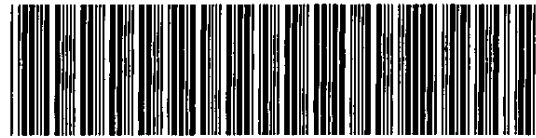
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Certified Copies _____

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06 JUN 26 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pa

COVER LETTER

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

SUBJECT: THE FULLVIEW CORPORATION

(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: RICHARD K. Mobley
Name (Printed or typed)

419 WEST 49th ST #111
Address

HALEAH, FL 33012
City, State & Zip

305-362-8258
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:

THE FULLVIEW CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

419 W. 49th St #101 HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A TEMPORARY EMPLOYMENT SERVICE

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):

RICHARD K. MOBLEY, President
419 W. 49th St #101 HIALEAH FL 33012
RICHARD K. MOBLEY, Secretary
419 W. 49th St #101 HIALEAH, FL 33012

ARTICLE VI REGISTERED AGENT

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

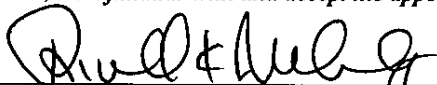
RICHARD K. MOBLEY
419 W. 49th St #101
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD K. MOBLEY
419 W. 49th St #101
HIALEAH, FL 33012

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

6/23/06

Date

6/23/06

Date

FILED
06 JUN 26 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA