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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Stateline Check Services, 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: Lawrence Cohen

Name (Printed or typed)

808 S. Military Trail

Address

Deerfield Beach, FL 33442

City, State & Zip

(954) 571-8808

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:

Stateline Check Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

808 S. Military Trail
Deerfield Beach, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our purpose is to provide check services to customers.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lawrence Cohen President
808 S. Military Trail
Deerfield Beach, FL 33442

ARTICLE VI REGISTERED AGENT

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

Lawrence Cohen President
808 S. Military Trail
Deerfield Beach, FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Skyline Data, Inc
808 S. Military Trail
Deerfield Beach, FL 33442

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/19/06

Date

7/19/06

Date