

FD6000105671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800078163928

08/14/06--01035--001 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 14 PM 1:28

RECEIVED

06 AUG 14 PM 1:20

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D Brown AUG 14 2006

COVER LETTER

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

SUBJECT: Eriken, 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: Eriken, Inc.

Name (Printed or typed)

1102 South Adams Street, Suite 9

Address

Tallahassee, Florida 32301

City, State & Zip

850-224-9229

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 14 PM 1:28

ARTICLE I NAME

The name of the corporation shall be:

Eriken, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1102 South Adams Street, Suite 9
Tallahassee, Florida 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Erika Roberts, *President*
1102 South Adams Street, Suite 9
Tallahassee, Florida 32301

ARTICLE VI REGISTERED AGENT

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

Erika Roberts
1102 South Adams Street, Suite 9
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Erika Roberts
1102 South Adams Street, Suite 9
Tallahassee, Florida 32301

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

Erika Roberts

Signature/Registered Agent

Erika Roberts

Signature/Incorporator

8/14/06

Date

8/14/06

Date