

P07000013429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

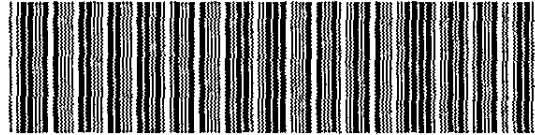
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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1-30-07
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COVER LETTER

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

SUBJECT: FTN 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: KEVIN MYERS, CPA
Name (Printed or typed)

17736 DEER ISLE CIRCLE
Address

WINTER GARDEN, FLORIDA 34787
City, State & Zip

321-278-6197
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:

FTN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

320 DOVER STREET ORLANDO, FL 32811

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):

PRESIDENT : FITZ ROY NERVAIS
320 Dover Street
Orlando, Fl 32811

VICE PRESIDENT : TABITHA J. NERVAIS
320 Dover Street
Orlando, Fl 32811

ARTICLE VI REGISTERED AGENT

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

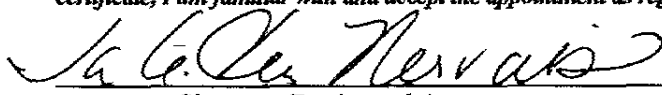
Tabitha J. Nervais
320 Dover Street
Orlando, Fl 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Myers, CPA
17736 Deer Isle Circle
Winter Garden, Fl 34787

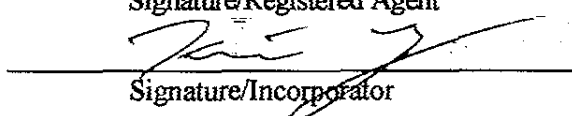
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-19-7

Date



Signature/Incorporator

1-19-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA