

**B7000017045**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

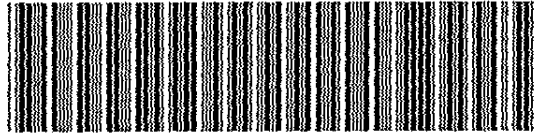
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*2-8-07*  
*2007*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2007

CRAIG CHALMERS  
167 92ND AVE., NE  
ST. PETERSBURG, FL 33702

SUBJECT: MY FLORIDA REP INC  
Ref. Number: W07000002489

We have received your document for MY FLORIDA REP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 907A00003806

## COVER LETTER

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

SUBJECT: MY FLORIDA REP 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: CRAIG CHALMERS

Name (Printed or typed)

167 92ND AVE. NE

Address

ST. PETERSBURG, FL 33702

City, State & Zip

(813) 877-9431

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:

MY FLORIDA REP INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

167 92 ND AVE. NE, ST. PETERSBURG, FL 33702

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSE

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CRAIG CHALMERS / 167 92 ND AVE. NE, ST. PETERSBURG, FL 33702 / PRESIDENT  
BRADFORD A. WOLPERT / 4711 S. HIMES AVE, APT 914, TAMPA, FL 33611 / VICE PRESIDENT  
LIPING WANG / 34808 WRIGHT LN, WESLEY CHAPEL, FL 33544 / TREASURER  
TAMRA HOWARD / 433 OLD ENGLAND LOOP, SANFORD, FL 32771 / SECRETARY

## ARTICLE VI REGISTERED AGENT

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

RUSSELL BORING, ESQ.  
6424 CENTRAL AVE., ST. PETERSBURG, FL 33707


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CRAIG CHALMERS  
167 92 ND AVE. ST. PETERSBURG, FL 33702

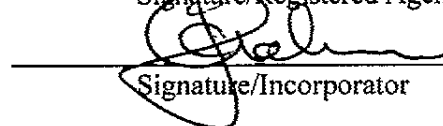
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

01/08/2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01/08/2007

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA