

P07000021860

(Requestor's Name)

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(Business Entity Name)

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07 FEB 16 AM 11:57

STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 19 2007

COVER LETTER

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

SUBJECT: Meriam Financial 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: Randy Jackson

Name (Printed or typed)

2002 N. Lois Ave. Ste. 610

Address

Tampa, FL. 33607

City, State & Zip

303.522.2784

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB 16 AM 11:57

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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:

Meriam Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2002 N. Lois Ave. Ste. 610
Tampa, FL. 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Payroll Processing

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Randy Jackson- President
2002 N. Lois Ave. Ste. 610
Tampa, FL. 33607

ARTICLE VI REGISTERED AGENT

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

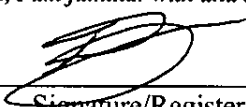
Randy Jackson
2002 N. Lois Ave. Ste. 610
Tampa, FL. 33607

ARTICLE VII INCORPORATOR

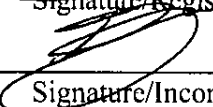
The name and address of the Incorporator is:

Randy Jackson
2002 N. Lois Ave. Ste. 610
Tampa, FL. 33607

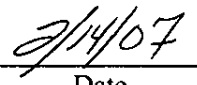
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



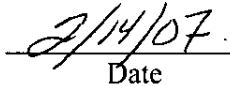
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA