

PO 7000022086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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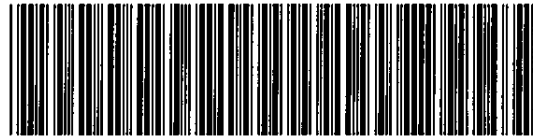
(Business Entity Name)

(Document Number)

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2007 FEB 14 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. J. 2020

**COVER LETTER**

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

**SUBJECT:** the Orman Corporation  
(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:** Steve Orman  
Name (Printed or typed)

11889 Woodworth Ct.  
Address

Jacksonville, FL 32223  
City, State & Zip

904-262-9929  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2007

STEVE ORMAN  
11809 WORDSWORTH CT.  
JACKSONVILLE, FL 32223

SUBJECT: THE ORMAN CORPORATION  
Ref. Number: W07000006971

We have received your document for THE ORMAN CORPORATION and your check(s) totaling \$78.75. 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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 407A00010046

**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:

The Orman Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11809 Wordsworth Ct.  
Jacksonville, FL 32223

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales, Sales Consulting

**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):

Steve Orman, President  
11809 Wordsworth Ct.  
Jacksonville, FL

**ARTICLE VI REGISTERED AGENT**

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

Steve Orman  
11809 Wordsworth Ct.  
Jacksonville, FL 32223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Steve Orman  
11809 Wordsworth Ct.  
Jacksonville, FL 32223

\*\*\*\*\*  
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

2/5/07  
\_\_\_\_\_  
Date

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

2/5/07  
\_\_\_\_\_  
Date

(Steve Orman)