

P07000032761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

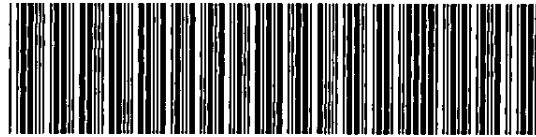
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700092242577

03/13/07--01016--010 **78.75

FILED

2007 MAR 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 14 2007.

COVER LETTER

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

SUBJECT: PALMER MITCHELL, 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

☐ \$70.00
Filing Fee

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

ADDITIONAL COPY REQUIRED

FROM: Palmer Mitchell
Name (Printed or typed)
300 Whispering Woods Lane, Apt. 4
Address
St. Augustine, FL 32084
City, State & Zip
(904) 827-1829
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

2007 MAR 13 PM 2:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the corporation shall be:

Palmer Mitchell, Inc.

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is:

300 Whispering Woods Lane Apt. 4

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultant

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):

Palmer Mitchell, President

300 Whispering Woods Lane, Apt. 4

St. Augustine, FL 32084

ARTICLE VI REGISTERED AGENT

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

Palmer Mitchell

300 Whispering Woods Lane, Apt. 4

St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Palmer Mitchell

300 Whispering Woods Lane, Apt. 4

St. Augustine, FL 32084

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.

Palmer Mitchell

Signature/Registered Agent

3-6-07

Date

Palmer Mitchell

Signature/Incorporator

3-6-07

Date