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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 APR -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/15/07

COVER LETTER

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

SUBJECT: Revels Appraisal 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: Karla Revels
Name (Printed or typed)

71 Shadow Oak Circle
Address

Crawfordville, FL 32327
City, State & Zip

850-528-6201
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:

Revels Appraisal Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

71 Shadow Oak Circle, Crawfordville, Fl 32327

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:

one share issued to Karla Revels

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karla Revels - President
71 Shadow Oak Circle
Crawfordville, Fl 32327
Karlos Revels, P.O. Box 1137, Woodville, Fl 32362 - Director
Jessie Revels, P.O. Box 1137, Woodville, Fl 32362 - Director

ARTICLE VI REGISTERED AGENT

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

Karla Revels
71 Shadow Oak Circle
Crawfordville, Fl 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karla Revels
71 Shadow Oak Circle
Crawfordville, Fl 32327

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

Karla Revels
Signature/Registered Agent

Karla Revels
Signature/Incorporator

4/4/04
Date

4/4/04
Date

FILED
07 APR -5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA