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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*NAME OF THE 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: \_\_\_\_\_

*GUYAN RICHIE*  
Name (Printed or typed)

*200 ELTINE PLACE*  
Address

*CHULUOTA, FL 32766*  
City, State & Zip

*907-359-3968*  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*DOUBLE O SEVEN, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*200 ELAINE PLACE  
CHULUOTA, FL 32766*

**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:

*100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*GLENN REICHLE, PRESIDENT  
200 ELAINE PLACE  
CHULUOTA, FL 32766*

**ARTICLE VI REGISTERED AGENT**

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

*GLENN REICHLE  
200 ELAINE PLACE  
CHULUOTA, FL 32766*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*GLENN REICHLE  
200 ELAINE PLACE  
CHULUOTA, FL 32766*

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*6-15-07*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*6-15-07*  
\_\_\_\_\_  
Date