

P07000085313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

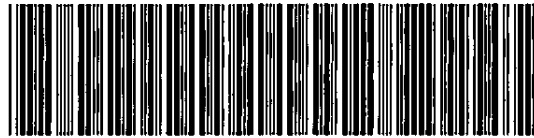
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

COVER LETTER

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

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07 JUL 27 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SIMON PORTER, 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: SIMON V. PORTER

Name (Printed or typed)

895 BELMONT PLACE

Address

ROCKLEDGE, FL 32955

City, State & Zip

321-288-0871

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:

SIMON PORTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

895 BELMONT PLACE
ROCKLEDGE, FL 32955

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):

SIMON PORTER, PRESIDENT
ELIZABETH PORTER, VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

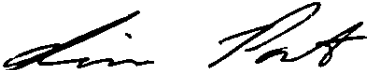
SIMON PORTER
895 BELMONT PLACE
ROCKLEDGE, FL 32955

ARTICLE VII INCORPORATOR

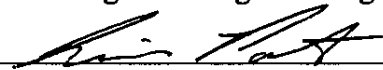
The name and address of the Incorporator is:

SIMON PORTER
895 BELMONT PLACE
ROCKLEDGE, FL 32955

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

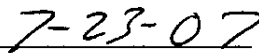


Signature/Registered Agent



Signature/Incorporator

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TALLAHASSEE, FLORIDA


Date


Date