

P07000095920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

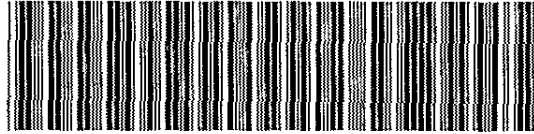
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/07--01027--012 **78.75

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07 AUG 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De

COVER LETTER

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

SUBJECT: Amber Stoner, 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: Amber R. Stoner
Name (Printed or typed)

1320 Hendrix Road #602
Address

Tallahassee, FL 32301
City, State & Zip

850-443-2486
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:

Amber Stoner, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1320 Hendrix Road #602
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

political consulting firm

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President- Amber Stoner
1320 Hendrix Road #602
Tallahassee, FL 32301

ARTICLE VI REGISTERED AGENT

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

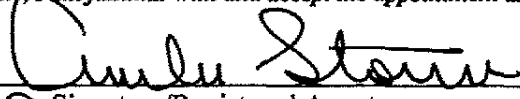
Amber Stoner
1320 Hendrix Road #602
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amber Stoner
1320 Hendrix Road #602
Tallahassee, FL 32301

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

8/28/07

Date

8/28/07

Date

FILED
07 AUG 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA