

P07000124898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

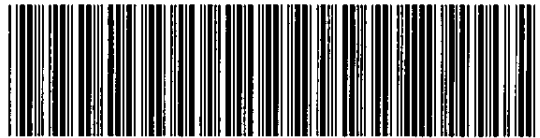
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FULL PROOF INVESTIGATIONS, 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: Kim Doran
Name (Printed or typed)

3275 SE Fenshaw Highway
Address

202
Street, Florida 34997
City, State & Zip

772 - 209 - 1558
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: FULL PROOF INVESTIGATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3275 SE Federal Highway
#202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investigative Services

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):

Kim Doran

3275 SE Federal Highway
#202

SWAPT, Florida 34997

President
Vice President
Secretary
Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Kim Doran 3275 SE Federal Highway
#202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Doran 3275 SE Federal Highway
#202
Stuart, Florida 34997

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

Kim Doran

Signature/Registered Agent

11-15-07

Date

Kim Doran

Signature/Incorporator

11-15-07

Date

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TALLAHASSEE, FLORIDA