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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Florida Elevator Inspection & Consulting Service, 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: \_\_\_\_\_

Stephen E. Mitchell  
Name (Printed or typed)

515 N Adams St.  
Address

Tallahassee, FL 32301  
City, State & Zip

850-222-9482

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:

Florida Elevator Inspection & Consulting Service, Inc

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3525 Hopestill Rd  
Pensacola, FL 32503

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

elevator inspections, servicing & consulting

### **ARTICLE IV    SHARES**

The number of shares of stock is:

10,000

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

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

Vic Farrell, Sode Officer & Shareholder

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TALLAHASSEE, FLORIDA

**ARTICLE VI      REGISTERED AGENT**

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

Stephen E. Mitchell  
515 N. Adams St.  
Tallahassee, FL 32301

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Stephen E. Mitchell  
515 N. Adams St.  
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

3-6-08

Date

3-6-08

Date

**FILED**

**08 MAR - 7 PM 12:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**