

POS000064548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

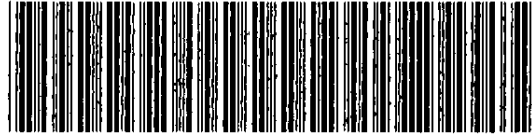
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/08--01031--004 **78.75

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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: Paige-Tyler Corp.

(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: Lori Cepil
Name (Printed or typed)

3151 NW 44th Ave., #127
Address

Ocala, FL 34482
City, State & Zip

352-861-1972
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:

Paige-Tyler Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3151 NW 44th Ave., #127
Ocala, FL 34482

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact 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):

Lori Cepil
President/CEO
3151 NW 44th Ave., #127
Ocala, FL 34482

ARTICLE VI REGISTERED AGENT

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

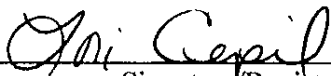
Lori Cepil
3151 NW 44th Ave., #127
Ocala, FL 34482

ARTICLE VII INCORPORATOR

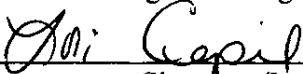
The name and address of the Incorporator is:

Lori Cepil
3151 NW 44th Ave., #127
Ocala, FL 34482

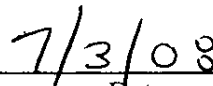
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



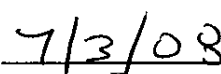
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA