

P08000108-741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

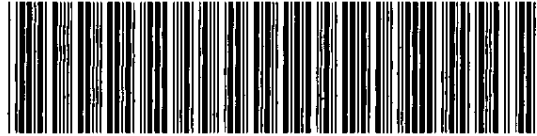
(Document Number)

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

Special Instructions to Filing Officer:

Changed name of  
Corporation 12/17  
Elwin Fears

Office Use Only



500138744205

12/15/08--01008--004 \*\*70.00

FILED  
08 DEC 15 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

28

## COVER LETTER

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

**SUBJECT:** The Fears Corporation

(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:** The Fears Family

Name (Printed or typed)

P.O. Box 1004

Address

Marianna, FL 32446

City, State & Zip

850-209-7745

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:

Fears and Associates Corporation

### ARTICLE II PRINCIPAL OFFICE

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

4506 Putnam Street; Marianna, FL 32446

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting and Management

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elwin Seabron Fears, P.O. Box 1004; Marianna, FL 32446; CEO

Seabron Chad Fears, P.O. Box 1004; Marianna, FL 32446; Co-President

Tanala Lee Gleason, P.O. Box 1004; Marianna, FL 32446; Co-President

### ARTICLE VI REGISTERED AGENT

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

Elwin Seabron Fears; 4506 Putnam St., Marianna, FL 32446

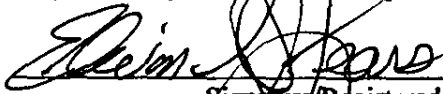
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elwin Seabron Fears; P.O. Box 1004; Marianna, FL 32446

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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

12/12/08

Date



Signature/Incorporator

12/12/08

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA