

PD900000/688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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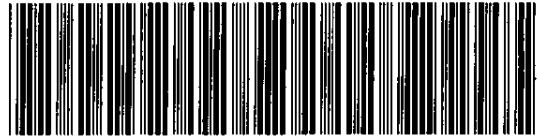
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 JAN -6 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/9/09

COVER LETTER

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

SUBJECT: SRB Document Management 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gail A. Sarvis

Name (Printed or typed)

7800 N. Carl G. Rose Hwy

Address

Hernando, FL 34442

City, State & Zip

352 637 1977

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:

SRB Document Management Corporation

ARTICLE II PRINCIPAL OFFICE

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

7800 N. Carl G. Rose Hwy.
Hernando, FL 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business as a document management corporation.

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):

Gail A. Sarvis, President
10 Chinkapin Court
Homosassa, FL 34446

ARTICLE VI REGISTERED AGENT

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

Gail A. Sarvis
10 Chinkapin Court
Homosassa, FL 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gail A. Sarvis
10 Chinkapin Court
Homosassa, FL 34446

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

Gail A. Sarvis
Signature/Registered Agent GAIL A. SARVIS
Gail A. Sarvis
Signature/Incorporator GAIL A. SARVIS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/5/09
Date
1/5/09
Date