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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-18-1
Dm

COVER LETTER

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

SUBJECT: **ATECH COMPUTER SERVICES, 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: **DOREEN MURPHY**
Name (Printed or typed)

712 WESTVIEW DRIVE

Address

MINNEOLA, FL 34715

City, State & Zip

352-396-0090

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:

ATECH COMPUTER SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

712 WESTVIEW DRIVE, MINNEOLA, FL 34715
PO BOX 2249, MINNEOLA, FL 34755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER SERVICES, CONSULTING, NETWORKING, PROGRAMMING, AND REPAIR

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):

PRESIDENT:	DOREEN MURPHY, 715 WESTVIEW DRIVE, MINNEOLA, FL 34715
VICE-PRESIDENT:	OPEN
SECRETARY:	DOREEN MURPHY, 715 WESTVIEW DRIVE, MINNEOLA, FL 34715
TREASURER:	OPEN

ARTICLE VI REGISTERED AGENT

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

DOREEN MURPHY
712 WESTVIEW DRIVE
MINNEOLA, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOREEN MURPHY
712 WESTVIEW DRIVE
MINNEOLA, FL 34715

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

Doreen Murphy
Signature/Registered Agent

Doreen Murphy
Signature/Incorporator

1-14-2009
Date

1-14-2009
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA