

P0900004/591

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

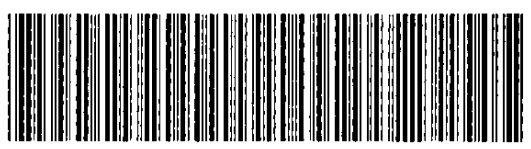
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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011 571  
09 MAY -7 AM 10:13  
STUART COUNTY STATE  
TALLAHASSEE, FLORIDA

EP 5/12/09

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

SUBPOENA KING, 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: \_\_\_\_\_

PHILLIP ARMS

Name (Printed or typed)

9378 ARLINGTON EXPWY PMB #188 or 1915 SOUTHWING BLVD

Address

JACKSONVILLE, FL 32225-8213 or 32246

City, State & Zip

904-982-6100

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: SUBPOENA KING, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1915 SOUTHSIDE BLVD, JACKSONVILLE, FL 32246

MAIL= 9378 ARLINGTON EXPWY - PMB # 188  
JACKSONVILLE, FL 32225-8213

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE OF LEGAL DOCUMENTS

### 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):

PHILLIP ARNS - PRESIDENT  
6114 MASTERS BLVD  
ORLANDO, FL 32819

09 MAY - 7 AM 19:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE VI REGISTERED AGENT

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

PHILLIP ARNS  
6114 MASTERS BLVD  
ORLANDO, FL 32819

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHILLIP ARNS  
6114 MASTERS BLVD  
ORLANDO, FL 32819

\*\*\*\*\*

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

Date

Signature/Incorporator

Date