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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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Certified Conjec	Cartificates	of Statue		
Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			
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NCL 10-9-09

COVER LETTER

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

SUBJECT:	MINARD & ASSOCIATES CORP			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l 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 o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		ELL MINARD (Printed or typed)		
	PO BOX 580275 Address			
	,	Address		
·	ORLANDO, FLORIDA 32858			
	City,	State & Zip		
	321=388-3188			
	Daytime T	elephone number		
	DARNELLMIN E-mail address: (to be used	NARD@AOL.COM		
	i for future annual report f	IOUTICATION I		

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:

MINARD & ASSOCIATES CORP

ARTICLE II PRINCIPAL OFFICE

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

STREET: 8511 NORTHRIDGE COURT

MAIL: PO BOX 580275

ORLANDO, FL. 32818

ORLANDO, FL. 32858

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE - MORTGAGES - INVESTMENTS - PARALEGAL - BAIL BONDS

ARTICLE IV **SHARES**

The number of shares of stock is:

100,000,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DARNELL MINARD (CEO/CFO) PATRICIA MINARD (FINANCE) ASHLEY MINARD (OP)

PO BOX 580275

PO BOX 580275

PO BOX 580275

ORL, FL 32858 (75% SHARES) ORL, FL 32858 (15% SHARES) ORL, FL 32858(10% SHARES)

REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is

DARNELL MINARD

8511 NORTHRIDGE COURT

ORLANDO, FL. 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DARNELL MINARD

PO BOX 580275 **ORLANDO, FL. 32858**

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

10/05/2009

Date

Signature/Incorporator

10/05/2009

Date