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RECEIVED
10 FEB -1 PM 3:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 FEB -1 PM 3:17
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

V/H

COVER LETTER

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

SUBJECT: THE APPOINTMENT Center 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: Shelia D. JACKSON
Name (Printed or typed)

93 Rutland Rd
Address

Crawfordville FL 32327
City, State & Zip

850.509-0372
Daytime Telephone number

SD.JACKS@hotmail.com
E-mail address: (to be used for future annual report notification)

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:

THE APPOINTMENT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

93 Rutland Rd
Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide A marketing service of Appointment Setting.

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shelia Jackson — owner
93 Rutland Rd
Crawfordville FL 32327

ARTICLE VI REGISTERED AGENT

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

Shelia Jackson
93 Rutland Rd.
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelia Jackson
93 Rutland Rd Crawfordville FL 32327

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

x Shelia Jackson

Signature/Registered Agent

2/1/10

Date

x Shelia Jackson

Signature/Incorporator

2/1/10

Date