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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-1-10 49

## COVER LETTER

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

**SUBJECT:** Candygram Process Service, 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:** Charles Burr Mead

\_\_\_\_\_  
Name (Printed or typed)

4650 Sugartown St.

\_\_\_\_\_  
Address

Cocoa, Fl. 32927

\_\_\_\_\_  
City, State & Zip

321-427-4484

\_\_\_\_\_  
Daytime Telephone number

rtr250@msn.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: **Landygram Process Service, Inc.**

## ARTICLE II PRINCIPAL OFFICE

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

**4650 Sugartown St. Cocoa, FL 32927**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Service of Process**

## 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): **Charles B. Mead 4650 Sugartown St. Cocoa, FL-32927 - President, Secretary, Treasurer**  
**Barbara T. Mead - 4650 Sugartown St. Cocoa, FL 32927 - Vice President**

## ARTICLE VI REGISTERED AGENT

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

**Charles B. Mead 4650 Sugartown St. Cocoa, FL 32927**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Charles B. Mead 4650 Sugartown St. Cocoa FL 32927**

\*\*\*\*\*

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

**2/23/10**  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

**2/23/10**  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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