

P10000050847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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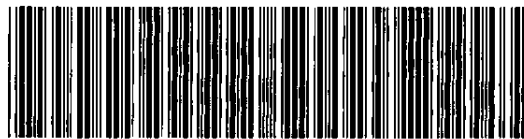
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Regions Financial 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Ada Marie Snellgrove

Name (Printed or typed)

117 SE 856 Ave

Address

Old Town, FL 32680

City, State & Zip

352-542-2678

Daytime Telephone number

godspurewisdom@aol.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:

Regions Financial Services, inc.

## ARTICLE II PRINCIPAL OFFICE

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

117 SE 856 Ave  
Old Town, FL 32680

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Services - *Financial*

## ARTICLE IV SHARES

The number of shares of stock is:

Less than 75 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ada Marie  
Snellgrove-Director  
117 SE 856 Ave  
Old Town, FL 32680

## ARTICLE VI REGISTERED AGENT

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

Ada Marie Snellgrove 117 SE 856 Ave Old Town, FL 32680

*Ada Marie Snellgrove*

*Ada Marie Snellgrove*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ada Marie Snellgrove 117 SE 856 Ave Old Town, FL 32680

*Ada Marie Snellgrove*

*Ada Marie Snellgrove*

\*\*\*\*\*

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

*Ada Marie Snellgrove*  
\_\_\_\_\_  
Signature/Registered Agent

6/3/10  
\_\_\_\_\_  
Date

*Ada Marie Snellgrove*  
\_\_\_\_\_  
Signature/Incorporator

6/3/10  
\_\_\_\_\_  
Date

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