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2010 SEP 29 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21-5-01

COVER LETTER

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

SUBJECT: Headsets For Everyone, 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: Bridget D. Nelson
Name (Printed or typed)

P.O. Box 842
Address

Crawfordville, FL 32326
City, State & Zip

850-519-5405
Daytime Telephone number

brelexken@yahoo.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:

Headsets For Everyone, Inc.

ARTICLE II PRINCIPAL OFFICE

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

130 Kathy Ann Dr., Crawfordville, FL 32327

P.O. Box 842, Crawfordville, FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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):

Bridget D. Nelson

President

130 Kathy Ann Dr.

Crawfordville, FL 32327

ARTICLE VI REGISTERED AGENT

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

Bridget D. Nelson

130 Kathy Ann Dr.

Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bridget D. Nelson

130 Kathy Ann Dr.

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



Signature/Registered Agent



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/24/10

Date

9/24/10

Date