

PI0000080971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185656202

09/30/10--01013--029 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 30 AM 8:06

APPROVED
FILED

VH

COVER LETTER

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

SUBJECT: Tracind Corp.

(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: Cynthia Volk

Name (Printed or typed)

8493 Laurel Lakes Blvd.

Address

Naples, FL 34119

City, State & Zip

239-455-7311

Daytime Telephone number

Islandepic@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Tracind Corp.

10 SEP 30 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

8493 Laurel Lakes Blvd.

Naples, FL 34119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cynthia Volk	Virgil Tray Batcher
8493 Laurel Lakes Blvd.	8493 Laurel Lakes Blvd.
Naples, FL 34119	Naples, FL 34119
Partner	Partner

ARTICLE VI REGISTERED AGENT

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

Cynthia Volk

8493 Laurel Lakes Blvd.

Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cynthia Volk

8493 Laurel Lakes Blvd.

Naples, FL 34119

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

Cynthia Volk

Signature/Registered Agent

Cynthia Volk

Signature/Incorporator

9/29/10

Date

9/29/10

Date