

P10 000082988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

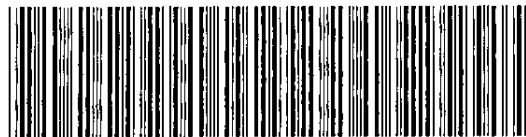
(Document Number)

Certified Copies 1

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600186408336

10/12/10--01016--011 \*\*78.75

RECEIVED

10 OCT 12 AM 11:11

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 OCT 12 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LAMAR RUDD Agency 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: R L RUDD  
Name (Printed or typed)

415 ASATON CT  
Address

QUINCY FL 32342  
City, State & Zip

850-329-0024  
Daytime Telephone number

lamar.rudd@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 12 AM 11:23

FILED

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: Lamar Rudd Agency Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

415 ASHTON CT  
QUINCY FL 32352

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY & ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RL RUDD - PRESIDENT

Address: 415 ASHTON CT

QUINCY FL 32352

Name and Title:

Address:

Name and Title: MEGAN RUDD TREASURER

Address: 415 ASHTON CT

QUINCY FL 32352

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: RL RUDD

Address: 415 ASHTON CT

QUINCY FL 32352

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RL RUDD

Address: 415 ASHTON CT

QUINCY FL 32352

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

R L Rudd

Required Signature/Registered Agent

10-12-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

R L Rudd

Required Signature/Incorporator

10-12-10

Date

FILED  
10 OCT 12 AM 11:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA