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10 OCT 18 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: Parmele Systems, 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: Courtney Parmele  
Name (Printed or typed)

3629 Sedgewick Place  
Address

Orlando FL 32806  
City, State & Zip

(407) 362-9747  
Daytime Telephone number

doug.parmele@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:

Parmele Systems, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3629 Sedgewick Pl  
Orlando FL 32806

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction Company

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: Courtney Parmele Pres Name and Title: \_\_\_\_\_

Address: 3629 Sedgewick Place Address: \_\_\_\_\_

Orlando FL 32806

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Courtney Parmele

Address: 3629 Sedgewick Pl  
Orlando FL 32806

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Courtney Parmele

Address: 3629 Sedgewick Place  
Orlando FL 32806

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

Courtney Parmele  
Required Signature/Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Courtney Parmele  
Required Signature/Incorporator

10/14/10  
Date