

P10000085799

(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



100186738961

10/19/10--01019--009 **78.75

FILED
10 OCT 19 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
10/20

COVER LETTER

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

SUBJECT: Panhandle Pawn, 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: Timothy R. Newitt
Name (Printed or typed)
1706 Maple Ave
Address
Panama City, FL 32405
City, State & Zip
850-774-5421
Daytime Telephone number
tim.newitt@panamapallet.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)

FILED

10 OCT 19 PM 3:57

ARTICLE I NAME

The name of the corporation shall be: Panhandle Pawn, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

400 W. 15th Street
Panama City, FL
32401

Mailing address, if different from principal office address

SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pawnbroking shop

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ~~Tim Newitt~~ President
Address: ~~23 S. Zander~~

Name and Title: Doug Lindsay-Vile President
Address: 400 W. 15th St.
Panama City, FL
32401

Name and Title: Tim Newitt, President
Address: 400 W. 15th St.
Panama City, FL
32401

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: Tim Newitt
Address: 400 W. 15th St.
Panama City, FL 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tim Newitt
Address: 400 W. 15th St.
Panama City, FL 32401

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]
Required Signature/Registered Agent

10-15-10
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.

[Signature]
Required Signature/Incorporator

10-15-01
Date