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Certified Copies Certificates of Status		of Status		
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Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT: Larry	Boling Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
-	Larry Boling Nam 571 Redfield Street	e (Printed or typed)	
		Address	
<u> </u>	avarre, FL 32566 City,	, State & Zip	
_(	850) 499-7952 Daytime T	Celephone number	
	Lholingreatto	d for future annual report	

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)

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SECRETARY OF STATE TALLAHASSEE FLORIDA

## Article I Name

The name of the corporation shall be:

Larry Boling Inc

## Article II Principal Office

The principal place of business/mailing address is: 6571 Redfield St.
Navarre, FL 32566

## Article III Purpose

The purpose for which the corporation is organized is:
Any legal business

#### Article IV Shares

1000 Shares

## Article V Initial Officers and/or Directors

Larry Boling, President 6571 Redfield St. Navarre, FL 32566

# Article VI Registered Agent

Larry Boling 6571 Redfield St. Navarre, FI 32566

# Article VII Incorporator

Larry Boling 6571 Redfield St. Navarre, Fl 32566

# Article VIII Date Incorporation to be Effective

November 1, 2010

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

Date

Date