

P10000092741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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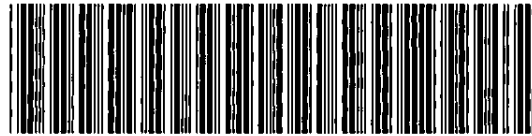
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 NOV 15 AM 9:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11/15/10

## COVER LETTER

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

SUBJECT: CPU OF OCALA, 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: AUBREY D. COTHRAN AND MARY R. COTHRAN

Name (Printed or typed)

100 SE 34TH ST.

Address

OCALA, FL. 34471

City, State & Zip

352 895-7870

Daytime Telephone number

andicothran2@aol.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

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**ARTICLE I NAME**

CPU OF OCALA, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

100 SE 34TH ST

OCALA, FL

34471

Mailing address, if different is: 34 STATE  
TALLAHASSEE, FLORIDA

NAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: AUBREY D. COTHRAN-PRESIDENT

Address: 100 SE 34TH ST

OCALA, FL 34471

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

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

Name and Title: MARY R COTHRAN-VICE PRESIDENT

Address: 100 SE 34TH ST

OCALA, FL 34471

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: AUBREY D. COTHRAN

Address: 100 SE 34TH ST

OCALA, FL 34471

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AUBREY D. COTHRAN

Address: 100 SE 34TH ST

OCALA, FL 34471

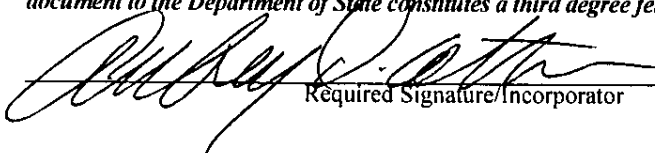
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11-12-10  
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.



Required Signature/Incorporator

11-12-10  
Date