

P11000028495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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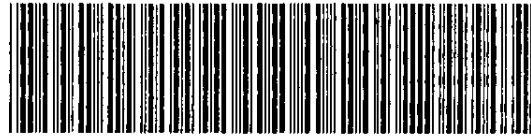
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/21/11--01024--012 **87.50

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11 MAR 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
3/23

COVER LETTER

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

SUBJECT: August Associates Trading Corporation
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert C. Johnson
Name (Printed or typed)
5090 FAIRWAY Circle #202
Address
Vero Beach, FL. 32967
City, State & Zip
802-310-7988
Daytime Telephone number
RLCJOHNSON53@aol.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: AUGUST ASSOCIATES TRADING CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

5090 FAIRWAY CIRCLE #202
VERO BEACH, FL 32967

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Buying and Selling of Medical and other equipment.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert C. Johnson
Address: 5090 FAIRWAY CIRCLE
#202
VERO BEACH, FL 32967

Name and Title: Vice President
Address: _____

Name and Title: MARILDA MAXWELL
Address: 5090 FAIRWAY CIRCLE
#202
VERO BEACH, FL 32967

Name and Title: President
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: Robert C. Johnson
Address: 5090 FAIRWAY CIRCLE #202
VERO BEACH, FL 32967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT C. JOHNSON
Address: 5090 FAIRWAY CIRCLE #202
VERO BEACH, FL 32967

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

3-10-11
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

3-10-11
Date