## P11 000032318

(Re	equestor's Name)	
	•	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRE JARY OF STATE
ABLAHASSEE, FLORID.

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## **COVER LETTER**

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

SUBJECT: PICKETING HOUSE INTERM (PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti  \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: <b>Donna R. Pickering</b> Name	e (Printed or typed)	
7039 Buck Skin Road	Address	
Tallahassee, Florida 32		Fast Comments
•	elephone number  vlink.net	
<u>pickeringtepdrp@century</u> E-mail address: (to be used	ylink.net d 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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if d	ifferent is:
	7039 Buck Skin Road	<del></del>	
- -	Tallahassee, Florida 32309		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
Personal de	velopment training, publishing and o	omputer technology developm	ent
ARTICLE IV The number of sha			
	INITIAL OFFICERS AND/OR DIRECT	חפק	
	itle: Timothy E. Pickering, President		
Address:	7039 Buck Skin Road	Address:	
	Tallahassee, Florida 32309		
	50% shares		
Nome and T	Stler Danne D. Diekarine Vice Bree/Fr	An Name and Title	
Address:	itle: Donna R. Pickering, Vice Pres/Tru 7039 Buck Skin Road	Address:	
Addiess.	Tallahassee, Florida 32309	Address.	
	50% shares		
Name and T	itle: Theophilus E. Pickering/Secretar	Warne and Title:	
Address:	7039 Buck Skin Road	Address:	
/ ddi essi	Tallahassee, Florida 32309	/Yedi ess.	
	.0% shares		<b>39</b>
DTICLE IT	REGISTERED AGENT		EX =
	prida street address (P.O. Box NOT acceptable	of the registered agent is:	AR P
Name:	Donna R. Pickering		
Address:	7039 Buck Skin Road		5.5
	Tallahassee, Florida 32309		G
RTICLE VII	INCORDOR A TOR	្	ne 🗦 m
	INCORPORATOR dress of the Incorporator is:	r	Un all
Name:	Timothy E. Pickering	9	
Address:	7039 Buck Skin Road	<del></del>	Andre F
	Tallahassee, Florida 32309		•
	ned as registered agent to accept service of pro		
us cerujicaie, i a	m familiar with and accept the appointment as	registerea agent ana agree to act in this c	арасну
X 000.	$\mathcal{L}(\mathcal{V}(\mathcal{P}_{c}))$	$\rightarrow$	1/1/200
Mon	Required Signature/Registered Agent	<del>/                                    </del>	Data
/	Required Signature/Registeren Agent	' 1)	Date
submit His doci	ument and affirm that the facts stated herein	ork true. I am aware that the false infor	mation/submitted in
cument to the D	Pepartment of State constitutés a third degrae fa	ony as provided for in s.817.155, F.S.	/1
[ []2	MAN A ME	101 -	/
11/1	W VY UTI		100
•	Regalired Signature/Incorporator	/	Dáx€