

P110000042427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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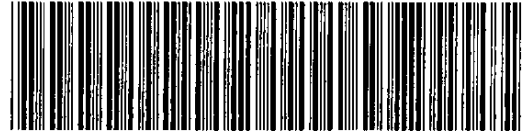
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/11--01022--022 **78.75

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2011 MAY -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: O'QUINN, 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: LANIER TAX SERVICE

Name (Printed or typed)

6628 HYDE GROVE AVE

Address

JACKSONVILLE, FL 32210

City, State & Zip

904-781-6563

Daytime Telephone number

niles6628@comcast.net ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

O'QUINN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
490 HALSEMA RD. N.
JACKSONVILLE, FL 32220

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME INSPECTIONS AND SOLAR SCREEN SYSTEMS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAN O'QUINN, PRESIDENT
Address: 490 HALSEMA RD. N.
JACKSONVILLE, FL 32220

Name and Title: _____
Address: _____

Name and Title: ALAN O'QUINN, VICE PRESIDENT
Address: 490 HALSEMA RD. N.
JACKSONVILLE, FL 32220

Name and Title: _____
Address: _____

Name and Title: ALAN O'QUINN, SEC & TREAS.
Address: 490 HALSEMA RD. N.
JACKSONVILLE, FL 32220

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: ALAN O'QUINN
Address: 490 HALSEMA RD. N.
JACKSONVILLE, FL 32220

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIA LANIER-NILES
Address: 6628 HYDE GROVE AVE
JACKSONVILLE, FL 32210

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

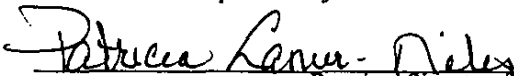


Required Signature/Registered Agent

APRIL 26, 2011

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

APRIL 26, 2011

Date

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TALLAHASSEE, FLORIDA