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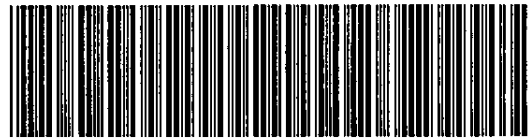
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 31 PM 4:51

FILED

T. Burch JUN 1 2011

## COVER LETTER

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

**SUBJECT: Caudill Professional Services, 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: Bonnie Scates-Caudill

Name (Printed or typed)

6319 Pontiac Lane

Address

North Port, FL 34287

City, State & Zip

941-441-5354

Daytime Telephone number

bjcaudill@verizon.net

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**

Caudill Professional Services, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6319 Pontiac Lane  
North Port, FL 34287

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to provide consulting, marketing, management and maintenance services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Thomas R. Caudill, President  
Address: 6319 Pontiac Lane  
North Port, FL 34287

Name and Title: Bonnie J. Scates-Caudill, Sec.-Treas.  
Address: 6319 Pontiac Lane  
North Port, FL 34287

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

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: Bonnie J. Scates-Caudill  
Address: 6319 Pontiac Lane  
North Port, FL 34287

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bonnie J. Scates-Caudill  
Address: 6319 Pontiac Lane  
North Port, FL 34287

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

Bonnie J. Scates-Caudill  
Required Signature/Registered Agent

5/26/11  
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.

Bonnie J. Scates-Caudill  
Required Signature/Incorporator

5/26/11  
Date

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MAY 31 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA