

P11000094872

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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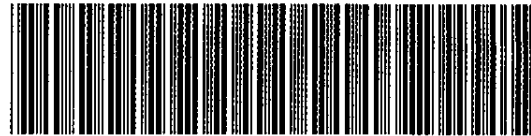
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 OCT 31 PM 1:12

for 11/1/11

COVER LETTER

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

SUBJECT: Chalkley Social Security Advocates, 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: John T. Bouland, Attorney
Name (Printed or typed)

P O Box 2228
Address

Ocala, FL 34478
City, State & Zip

(352)622-1717
Daytime Telephone number

carlene@chalkleylaw.com
E-mail address: (to be used for future annual report notification)

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

ORIGINAL

SECRETARY OF STATE
DIVISION OF CORPORATE
2011 OCT 31 PM 1:12

**ARTICLES OF INCORPORATION OF
CHALKLEY SOCIAL SECURITY ADVOCATES, INC.**

In compliance with the requirements of Florida Statutes Chapter 607, the undersigned hereby organize and subscribe to these Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I – NAME

The name of the corporation shall be Chalkley Social Security Advocates, Inc.

ARTICLE II – PRINCIPAL OFFICE

The corporation's principal office shall be:

21475 NW 39th Terrace
Micanopy, FL 32667

ARTICLE III -- PURPOSE

The general purpose for which the corporation is organized shall include the transaction of any and all lawful businesses for which corporations may be incorporated under Chapter 607 of Florida Statutes.

ARTICLE IV -- SHARES

The number of shares of stock is: 100 shares with a par value of \$10.00 per share.

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS.

The names and addresses and titles of the officers are:

Carlene Chalkley, President, Treasurer and Secretary
PO Box 1692
Ocala, FL 34478

ARTICLE VI – REGISTERED AGENT

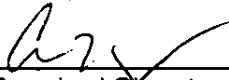
Carlene Chalkley
1130 SE 17th Street
Ocala, FL 34471

ARTICLE VII – INCORPORATOR

The name and address of the incorporator is:

Carlene Chalkley
PO Box 1692
Ocala, FL 34478

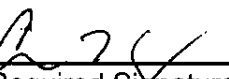
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

Date: 10/25/11

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

Date: 10/25/11

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