

P11000105884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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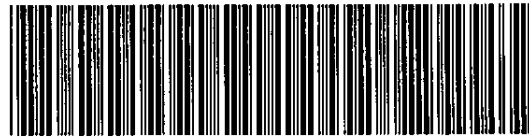
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/11--01023--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 13 AM 11:04

PS 12/14/11

COVER LETTER

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

SUBJECT: Palmer Online Solutions, 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: Lisa A. Palmer
Name (Printed or typed)

1802 Flower Branch Way
Address

Valrico, FL 33594
City, State & Zip

813-426-7028
Daytime Telephone number

grainwineoil@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: Palmer Online Solutions, Inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1802 Flower Branch Way
Valrico, FL 33594

11 DEC 13 AM 11:04
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Lisa A. Palmer, President	Name and Title:	
Address:	1802 Flower Branch Way Valrico, FL 33594	Address:	

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lisa A. Palmer
Address: 1802 Flower Branch Way
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa A. Palmer
Address: 1802 Flower Branch Way
Valrico, FL 33594

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

Lisa Palmer

Required Signature/Registered Agent

Dec. 9, 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.

Lisa Palmer

Required Signature/Incorporator

Dec. 9, 2011

Date