

P12000033325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

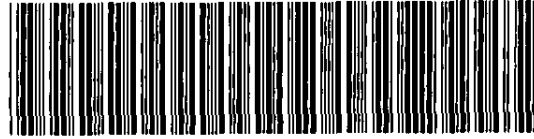
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12 APR -6 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers APR 09 2012

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2012 APR -6 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Back Saver of Central Florida, Inc.

- ☒ Art of Inc. File_____
- _____ LTD Partnership File_____
- _____ Foreign Corp. File_____
- _____ L.C. File_____
- _____ Fictitious Name File_____
- _____ Trade/Service Mark_____
- _____ Merger File_____
- _____ Art. of Amend. File_____
- _____ RA Resignation_____
- _____ Dissolution / Withdrawal_____
- _____ Annual Report / Reinstatement_____
- ☒ Cert. Copy_____
- _____ Photo Copy_____
- ☒ Certificate of Good Standing_____
- _____ Certificate of Status_____
- _____ Certificate of Fictitious Name_____
- _____ Corp Record Search_____
- _____ Officer Search_____
- _____ Fictitious Search_____
- _____ Fictitious Owner Search_____
- _____ Vehicle Search_____
- _____ Driving Record_____
- _____ UCC 1 or 3 File_____
- _____ UCC 11 Search_____
- _____ UCC 11 Retrieval_____
- _____ Courier_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature _____

Requested by: SETH

04/06/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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- _____ Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -6 AM 8:40

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COVER LETTER

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

SUBJECT: Back Saver of Central Florida, 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: Marc Alan McKinney

Name (Printed or typed)

712 West Oak Lane Street

Address

Avon Park, Florida 33825

City, State & Zip

(863) 585-7234

Daytime Telephone number

marcmckinney611@gmail.com

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: Back Saver of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

712 West Oak Lane Street
Avon Park, Florida 33825

P. O. Box 1896
Avon Park, Florida 33826

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for the corporation is to conduct transactions of any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marc Alan McKinney, President-Treas. Name and Title: _____
Address: P. O. Box 1896 (Director) Address: _____
Avon Park, Florida 33826

Name and Title: Robin Allebach, Secretary-VP Name and Title: _____
Address: P. O. Box 1896 (Director) Address: _____
Avon Park, Florida 33826

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:

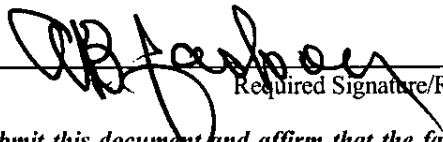
Name: Andrew B. Jackson, Esquire
Address: 150 North Commerce Ave.
Sebring, FL 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marc Alan McKinney
Address: P. O. Box 1896
Avon Park, Florida 33826

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

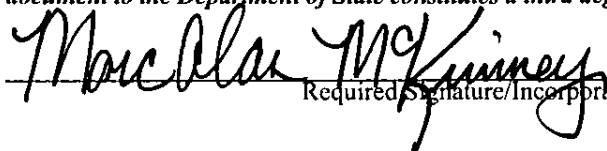


Required Signature/Registered Agent

April 4, 2012

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 4, 2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA