

P120000035650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100227858761

04/13/12--01028--014 **78.75

FILED.
12 APR 13 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: ActOn Trading, 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: Marilyn K. Lee

Name (Printed or typed)

5410 Cappleman Loop

Address

Brooksville, FL 34601

City, State & Zip

352 650 0354

Daytime Telephone number

rdlez@tampabay.rr.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: **ActOn Trading, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

5410 Cappleman Loop
Brooksville, FL 34601

Mailing address, if different is:

FILED

12 APR 13 PM 1:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Import/Export

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address: **Marilyn K. Lee, President**

Name and Title:

Address: **5410 Cappleman Loop**
Brooksville, FL 34601

Name and Title: **Richard D. Lee, Secretary Treasurer**

Address:

Name and Title: **5410 Cappleman Loop**

Address: **Brooksville, FL 34601**

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: **Marilyn K. Lee**

Address: **5410 Cappleman Loop**
Brooksville, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Marilyn K. Lee**

Address: **5410 Cappleman Loop**
Brooksville, FL 34601

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

Marilyn K. Lee

Required Signature/Registered Agent

04/11/2012

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.

Marilyn K. Lee

Required Signature/Incorporator

04/11/2012

Date