

P12000047246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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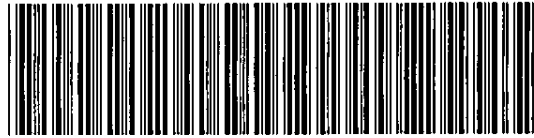
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2012 MAY 21 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 22 2012

COVER LETTER

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

SUBJECT: Agents Authority Network, 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: Carol C. Moya

Name (Printed or typed)

2295 Warwick Drive

Address

Oldsmar, FL 34677

City, State & Zip

727-771-8287

Daytime Telephone number

ccmoya@tampabay.rr.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

Agents Authority Network, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2295 Warwick Drive
Oldsmar, FL 34677

Mailing address, if different is:

PO Box 636
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide Trust Administration and Trust Accounting Services

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol C. Moya, President
Address: 2295 Warwick Drive
Oldsmar, FL 34677

Name and Title: _____
Address: _____

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:

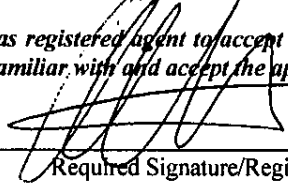
Name: Kevin Hernandez
Address: 28059 US Hwy 19 N
Clearwater, FL 33761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol C. Moya
Address: 2295 Warwick Drive
Oldsmar, FL 34677

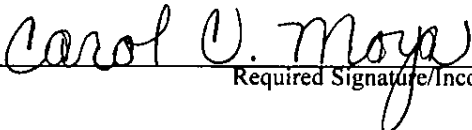
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/10/12
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

5/7/12
Date

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TALLAHASSEE, FLORIDA

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