

P12000075581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

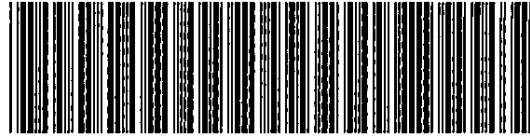
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900239138189

09/04/12--01036--016 **70.00

FILED
12 SEP -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/5/12

COVER LETTER

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

SUBJECT: ADAIR DISTRIBUTING, 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: KIM ADAIR

Name (Printed or typed)

P. O. BOX 7755

Address

NAPLES, FL 34101

City, State & Zip

(239) 825-9195

Daytime Telephone number

adairdst@comcast.net

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 ADAIR DISTRIBUTING, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4470 NEW YORK AVE
FT. MYERS, FL 33905

Mailing address, if different is:
P.O. BOX 7755
NAPLES, FL 34101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MAGAZINE DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>TINA ADAIR, PST</u> | Name and Title: _____ |
| Address: <u>3717 ROGERS ST</u> | Address: _____ |
| <u>FT. MYERS, FL 33901</u> | _____ |

| | |
|--------------------------------------|-----------------------|
| Name and Title: <u>KIM ADAIR, VP</u> | Name and Title: _____ |
| Address: <u>4470 NEW YORK AVE</u> | Address: _____ |
| <u>FT. MYERS, FL 33905</u> | _____ |

| | |
|-----------------------|-----------------------|
| 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: KIM ADAIR
Address: 4470 NEW YORK AVE
FT. MYERS, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIM ADAIR
Address: 4470 NEW YORK AVE
FT. MYERS, FL 33905

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

8/31/12

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

8/31/12

Date

FILED
12 SEP -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA