

P12000071355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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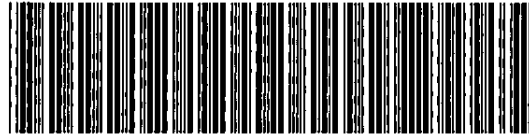
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/10/12--01009--023 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 10 PM 3:42

for 9/11/12

**COVER LETTER**

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

**SUBJECT:** Andersony Capital Management 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:** Anderson Craigg  
Name (Printed or typed)

1892 SW Hampshire Ln  
Address

Port Saint Lucie FL 34953-2080  
City, State & Zip

917-754-4058  
Daytime Telephone number

ANDERSONCRAIGG@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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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:

Andersony Capital Management Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1892 SW Hampshire Ln

Port Saint Lucie FL 34953-2080

Mailing address, if different

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for the transaction of any and all lawful purposes for which a corporation may be organized

**ARTICLE IV SHARES**

The number of shares of stock is: 2000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anderson Craigg  
Address: 1892 SW Hampshire Ln  
Port Saint Lucie FL 34953-2080

Name and Title: Betty J McGee  
Address: 1892 SW Hampshire Ln  
Port Saint Lucie FL 34953-2080

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: Anderson Craigg  
Address: 1892 SW Hampshire Ln  
Port Saint Lucie FL 34953-2080

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anderson Craigg  
Address: 1892 SW Hampshire Ln  
Port Saint Lucie FL 34953-2080

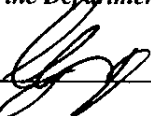
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

9/5/2012  
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

9/5/2012  
Date