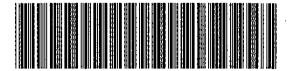
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J			
<u> </u>	(Requ	iestor's Name	e) .
	(Addre	ess)	
	(Addr	ess)	
	(City/s	State/Zip/Pho	ne #)
PICK-U	Р	☐ WAIT	MAIL
	(Busir	ness Entity N	ame)
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Certified Copies		Certificat	es of Status
Special Instruction	s to Fil	ing Officer:	
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Office Use Only



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FILING CANCELLED RETURNED CHECK

12/17/12--01018--006 **78.75

SECRETARY OF STATE DIVISION OF GOTON AN 8: 33

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COVER LETTER

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

SUBJECT:	laylor keporting,	inc.	
·	' (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	T REQUIRED
	0 -		

FROM: Susan Taylor				
Name (Printed or typed)				
2285 Marsh Hawk Lane, #17101				
Address				
Fleming Island, Florida 32003 City, State & Zip				
City, State & Zip				
(904)402-4883				
Daytime Telephone number				
Taylorreporting 46 @ymail. Com E-mail address: (10-be used for future annual report notification)				
'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)

The name of the corporation shall be:	· Reporting, Inc	SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE II PRINCIPAL OFFICE		Mailing address, if different is: 8: 33
Principal street address A285 Marsh Howk Fleming Island, Fle	orida	Mailing address, if different is: 0. 33
3	32003	
ARTICLE III PURPOSE		
The purpose for which the corporation is organize	ed is:	FILING CANCELLED
Court reporting se	ervices	RETURNED CHECK
ARTICLE IV SHARES		
The number of shares of stock is: 100		•
ARTICLE V INITIAL OFFICERS AND		Tidle.
Name and Title: Susan Toy lor - Pre Address: 2285 Marsh Hawk	Lane #17101 Address:	Title:
Fleming Island, T	Florida 32003	
Name and Title:		Title:
Address:	Address:	
		Title:
	Address:	
		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT acceptable) of the register	ed agent is:
Name: SUSAN TAYLOR		
Address: 2285 Marsh Hau Fleming Island	UK lare, #17101	
·	1 101100 500 5	•
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: Susan lay for		
	wk lane, #17101 , Plorida 32003	
Having been named as registered agent to accept this certificate, I am familiar with and accept the	ot service of process for the abo appointment as registered age	ove stated corporation at the place designated in nt and agree to act in this capacity
Susan Dardn		12-13-2012
Required Signature/Re	egistered Agent	Date
I submit this document and affirm that the fact document to the Department of State constitutes	s stated herein are true. I am a a third degree felony as provide	aware that the false information submitted in a
Super Mar Da		17-12 7017
Required Signature/	Incorporator	