P13000014246

(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:

Arpine Paronyan
AUTHORIZATION BY PHONE TO
CORRECT Add Company to name
DATE 2/12/13
DOC. EXAM mrs

Office Use Only

800244512648

02/11/13--01035--015 **70.00

FILED
13 FEB 11 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 2/12/13

COVER LETTER

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

SUBJECT: A Mobile Notary Service
(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: ARPINE PARONYAN
Name (Printed or typed)

360 NOVEMBER STREET
Address

PALM BEACH GARDENS, FL 33410
City, State & Zip

(561) 667-3976
Daytime Telephone number

bocasun2002@aol.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)

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ARTICLE I NAME
The name of the corporation shall be: A Mobile Notary Service Company

ARTICLE II PRINCIPAL OFFICE
Principal street address

360 November Street
Palm Beach Gardens
Florida 33410

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: A Mobile notary public who travels to peoples homes, or place of business, to notarize documents.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arpine Paronyan Director
Address: 360 November Street, Palm Beach Gardens,FL 33410

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Arpine Paronyan

Address: 360 November Street

Palm Beach Gardens, Florida 33410

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Arpine Paronyan

Address: 360 November Street

Palm Beach Gardens, Florida 33410

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

_____ 2/6/13

Required Signature/Registered Agent 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.

_____ 2/6/13

Required Signature/Incorporator Date