

P13000018394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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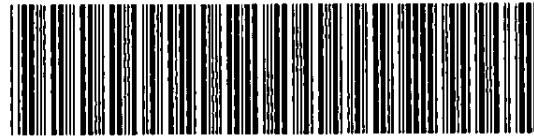
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
2/26/13

COVER LETTER

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

SUBJECT: SRQ Leasing, 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: Samuel F. Nixon III
Name (Printed or typed)

2893 Kensington Trace
Address

Tarpon Springs, FL 34688
City, State & Zip

(941) 350-8575
Daytime Telephone number

SFNixon@Verizon.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

The name of the corporation shall be: SRQ Leasing, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2893 Kensington Trace

Tarpon Springs, FL 34688

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide mobile health

Care testing for Doctors who wish to lease equipment
on a part time basis.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel F. Nixon III Pres Name and Title: _____

Address 2893 Kensington Trace Address: _____
Tarpon Springs, FL
34688

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: _____

Samuel F. Nixon III

Address: _____

2893 Kensington Trace

Tarpon Springs, FL 34688

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Samuel F. Nixon III

Address: _____

2893 Kensington Trace

Tarpon Springs, FL 34688

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

S.F. Nixon III

Required Signature/Registered Agent

2-20-13

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.

S.F. Nixon III

Required Signature/Incorporator

2-20-13

Date