

P13000033368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

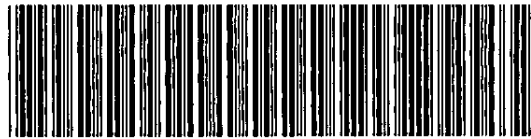
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/11/13--01003--023 **78.75

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13 APR 11 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
4/12/13

COVER LETTER

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

SUBJECT: Property Trackers Incorporated

(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: Jonathan Barton

Name (Printed or typed)

425 Oregon Ave

Address

St. Cloud, FL 34769

City, State & Zip

407-346-1997

Daytime Telephone number

cjzbarton@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be: Property Trackers Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

425 Oregon Ave

St. Cloud, FL

34769

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To complete and document an inventory of the property inside and outside
homes and businesses. We will photograph all property of value with serial
numbers as appropriate and provide the customer with a printed copy and a
copy on a digital medium.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Barton President

Address: 425 Oregon Ave

St. Cloud, FL

34769

Name and Title: John J. Gorsuch Vic-President

Address: 1945 Ham Brown Road

Kissimmee, FL

34746

Name and Title: _____

Address: _____

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: Jonathan Barton

Address: 425 Oregon Ave

St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

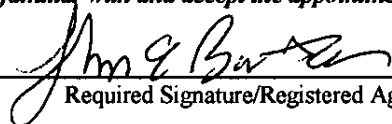
The name and address of the Incorporator is:

Name: Jonathan Barton

Address: 425 Oregon Ave

St. Cloud, FL 34769

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

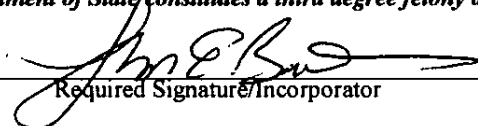


Required Signature/Registered Agent

4/8/13

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.



Required Signature/Incorporator

4/8/13

Date