

P 13000059898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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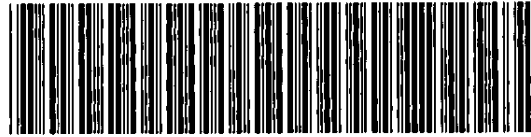
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 JUL 18 AM 11:27  
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SUFFICIENCY OF FILING

FILED  
13 JUL 18 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7/18/13

COVER LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: **Slevin, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Patrick Slevin**

Name (Printed or typed)

**825 Rainey Run**

Address

**Monticello, Florida 32344**

City, State & Zip

**850.519.2247**

Daytime Telephone number

**pslevin68@gmail.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Slevin, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, **SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

825 Rainey Run

Monticello, Florida 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional Consulting Services

**ARTICLE IV SHARES**

The number of shares of stock is: 3

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

Name and Title: Patrick Slevin, Pres.

Name and Title: \_\_\_\_\_

Address 825 Rainey Run

Address: \_\_\_\_\_

Monticello, FL 32344

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patrick Slevin  
Address: 825 Rainey Run  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patrick Slevin  
Address: 825 Rainey Run  
Monticello, FL 32344

*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

7.18.13

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

7.18.13

Date