

P13000061478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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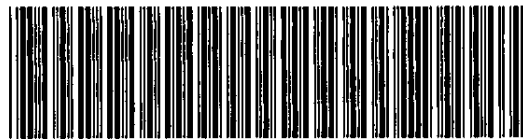
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/13--01022--004 **70.00

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13 JUL 19 PM 1:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/46

COVER LETTER

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

SUBJECT: NORMAN RIGGLES, 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: NORMAN RIGGLES

Name (Printed or typed)

1716 HAWTHORNE DRIVE

Address

SEBRING, FL 33870

City, State & Zip

863-214-5869

Daytime Telephone number

michaelq5@live.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: **NORMAN RIGGLES INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1716 HAWTHORNE DRIVE
SEBRING, FL 33870

Mailing address, if different is: **12 III 19 PM 1:58**

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROFESSIONAL CORPORATION**

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **NORMAN RIGGLES** *President* Name and Title: _____

Address: **1716 HAWTHORNE DRIVE** Address: _____
SEBRING, FL 33870

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

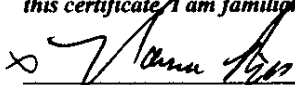
Name: NORMAN RIGGLES
Address: 1716 HAWTHORNE DRIVE
SEBRING, FL 33870

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NORMAN RIGGLES
Address: 1716 HAWTHORNE DRIVE
SEBRING, FL 33870

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


X 

Required Signature/Registered Agent

7/10/13

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.

X 

Required Signature/Incorporator

7/10/13

Date