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(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAiL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

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

SUBJECT: JUCI	l laulbee, Inc.		
	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	<u>UDÉ SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	OPY REQUIRED
_	udith L. Taulbee Name 180 Richardson I	e (Printed or typed)	
		Address	
Sa	arasota, FL 3424	10	
	City	, State & Zip	
94	11-544-6227		
	Daytime 1	Telephone number	
juo	ditaulbee@verizon.	net	
<u> </u>	E-mail address: (to be use	ed 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)

SECRETARY/OF STAFF

BIVISION OF CORPORATIONS ARTICLE I The name of the corporation shall be: Judi Taulbee, Inc. NAME 13 AUG 12 PM 1: 08 PRINCIPAL OFFICE ARTICLE II Principal street address Mailing address, if different is: 6480 Richardson Road N/A Sarasota, FL 34240 ARTICLE III PURPOSE The purpose for which the corporation is organized is: __ Any and all lawful business. ARTICLE IV SHARES
The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Gregory A Taulbee, VP Name and Title: Judith L Taulbee, Pres. 6480 Richardson Road 6480 Richardson Road Address Address: Sarasota, FL 34240 Sarasota, FL 34240 Name and Title: _____ Name and Title: Address ___ Address: Name and Title:______Name and Title:_____ Address _____ Address:

EILED (cont.)
SECRETARY: OF: STATE
DIVISION OF CORPORATIONS

13 AUG 12 PM 1:08

Name and	litle:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Judith L Taulbee	
Address:	6480 Richardson Road	
	Sarasota, FL 34240	
	INCORPORATOR Iress of the Incorporator is:	
Name:	Judith L. Taulbee	
Address:	6480 Richardson Road	
	Sarasota, FL 34240	
this certificate, I an	n fumiliar with and accept the appointment as region Required Signature/Registered Agent	True. I am aware that the false information submitted in a
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