

P/3000081610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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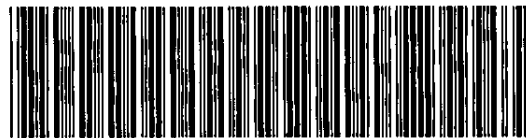
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT -2 PM 4:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

✓ 10/03/13

COVER LETTER

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

SUBJECT: **CREDIT SERVICES 123 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: **NEDA DARLENE TAYLOR**
Name (Printed or typed)
2825 LEWIS SPEEDWAY # 101B
Address
ST AUGUSTINE, FL. 32084
City, State & Zip
904-669-7876
Daytime Telephone number
NEDATAYLOR1997@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: **CREDIT SERVICES 123 INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2825 LEWIS SPEEDWAY #101B
ST AUGUSTINE, FL.32084

Mailing address, if different is:

2825 LEWIS SPEEDWAY #101B
ST AUGUSTINE, FL.32084

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **NEDA DARLENE TAYLOR PRESIDENT**

Address: **2825 LEWIS SPEEDWAY #101 B**
ST AUGUSTINE, FL.32084

Name and Title: **JOHN T TAYLOR JR VICE PRESIDENT**

Address: **2825 LEWIS SPEEDWAY #101 B**
ST AUGUSTINE, FL.32084

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: NEDA DARLENE TAYLOR
Address: 2825 LEWIS SPEEDWAY #101B
ST AUGUSTINE, FL. 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEDA DARLENE TAYLOR
Address: 2825 LEWIS SPEEDWAY #101B
ST AUGUSTINE, FL. 32084

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TALLAHASSEE, FLORIDA

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

Neda D. Taylor
Required Signature/Registered Agent

09/29/13

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.

Neda D. Taylor
Required Signature/Incorporator

09/29/13

Date