

P13 000101469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

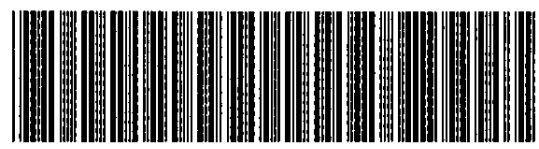
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B 12/26/13



300254794423

12/23/13--01005--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:32

COVER LETTER

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

SUBJECT: I & M Paralegal Svcs., 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Irma Martinez

Name (Printed or typed)

2064 Carson Avenue

Address

Spring Hill, FL 34608

City, State & Zip

352-684-2442

Daytime Telephone number

tinez123456@aol.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: I & M Paralegal Svcs., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2064 Carson Avenue

Spring Hill, FL 34608

Mailing address, if different is:

2064 Carson Avenue

Spring Hill, FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for profit

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irma Martinez, Director

Address: 2064 Carson Avenue
Spring Hill, FL 34608

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:33

(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: Irma Martinez
Address: 2064 Carson Avenue
Spring Hill, FL 34608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Irma Martinez
Address: 2064 Carson Avenue
Spring Hill, FL 34608

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

Irma Martinez

Required Signature/Registered Agent

12/17/2013

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.

Irma Martinez

Required Signature/Incorporator

12/17/2013

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:33