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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 APR 17 PM 2:13

COVER LETTER

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

SUBJECT: The Device Clinic, 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: Walter McCoy

Name (Printed or typed)

3514 Trapnell Grove Loop

Address

Plant City, FL 33567

City, State & Zip

727-204-4249

Daytime Telephone number

wamccoy@att.net

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: The Device Clinic, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3514 Trapnell Grove Loop

Plant City, FL 33567

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cellular phone and laptop repair retail store

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walter McCoy

Name and Title: _____

Address 3514 Trapnell Grove Loop

Address: _____

Plant City, FL 33567

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 2017 APR 17 PM 2:13
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Walter McCoy
Address: 3514 Trapnell Grove Loop
Plant City, FL 33567

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Walter McCoy
Address: 3514 Trapnell Grove Loop
Plant City, FL 33567

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

4/15/14
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

4/15/14
Date