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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| • | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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FILED

SECRETARY OF STATE

ATTAINSSEE FLORIDA

n 06/04/14

COVER LETTER

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

| _{subject:} Bre | vard Civil Proces | | |
|-------------------------|--|-------------------------------------|---|
| | (PROPOSED CORPORA | ATE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | 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 o Status |
| | | ADDITIONAL CO | DPY REQUIRED |
| | | e (Printed or typed) | |
| 84 | 47 Granata Ave, | Address | |
| P | alm Bay, Florida | 32909 | - W - 1 - 2 - 20 - 20 - 1 - 1 - 1 - 1 |
| 32 | 21-352-9722 | , State & Zip | |
| | • | Telephone number | |
| <u>D</u> | iannaTysonFarr(| @gmail.com | |
| | E-mail address: (to be use | ed for future annual report | nouncation) |

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)

| The name of the corporation shall be: Brevard Civil Process Servers, Inc. | | | | |
|---|---|------------------------|---------------------------------------|--|
| | NCIPAL OFFICE Principal <u>street</u> address | | address, if different is: | |
| Palm Bay, F | lorida 32909 | | | |
| | | | | |
| ARTICLE III PUR The purpose for which t | POSE he corporation is organized is: | Process and Courthouse | Document Retrieval | |
| | | | | |
| | | | ALCON . | |
| | | | FILE ENASSES | |
| | FIAL OFFICERS AND/OR DIRECTOR | | ED AN 8: 26 | |
| Name and Title | | _ Name and Title: | | |
| Address | 847 Granata Ave, SE Palm Bay, Florida 32909 | Address: | | |
| Name and Title | :_, | Name and Title: | | |
| Address | | Address: | | |
| | | | | |
| Name and Title | | Name and Title: | · · · · · · · · · · · · · · · · · · · | |
| Address | | Address: | | |
| | | | | |

| Name an | d Title: | Name and Title: |
|--|--|--|
| Address | | Address: |
| ARTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: | Dianna Tyson-Farr | |
| Address: | 847 Granata Ave, SE | |
| | Palm Bay, Florida 32909 | ALI SEC |
| ARTICLE VII | INCORPORATOR Idress of the Incorporator is: | FILED JUN-2 A ANIASSEE, F |
| | Dianna Tyson-Farr | |
| Name: | | |
| Address: | 847 Granata Ave, SE | 26 A |
| | Palm Bay, Florida | |
| this certificate, I A LE N I submit this doc | am familiar with and accept the appointment as reg | Date true. I am aware that the false information submitted in a |
| | . 0 | |
| | | |