

PH000057236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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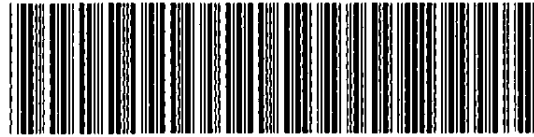
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/03/14--01006--027 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -3 PM 1:44

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AND
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CLERK OF THE SUPERIOR COURT

14 JUL -3 PM 1:36

RECEIVED

COVER LETTER

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

SUBJECT: **AVALONMIST, 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: **BRIAN E FITZGERALD AMTS, INC**

Name (Printed or typed)

903 1/2 N MONROE ST

Address

TALLAHASSEE FL 32303

City, State & Zip

850/224-0595

Daytime Telephone number

bfitz@nettally.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: Avalonmist, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

903 1/2 N Monroe St

Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate in all legal business enterprises.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra L Evans P S D

Name and Title: _____

Address 233 E Wacker Dr #810

Address: _____

Chicago IL 60601-5123

Name and Title: Brian E Fitzgerald D

Name and Title: _____

Address 903 1/2 N Monroe St

Address: _____

Tallahassee FL 32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: Brian E Fitzgerald

Address: 903 1/2 N Monroe St

Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

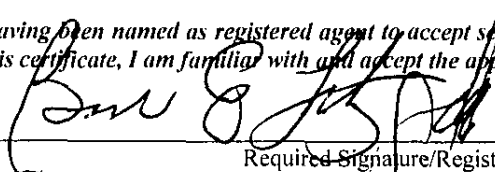
Name: Brian E Fitzgerald

Address: 903 1/2 N Monroe St

Tallahassee FL 32303

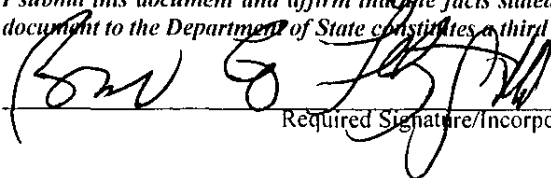
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

7/3/14
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

7/3/14
Date