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TALLAHASSEE, FLORIDA

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APPROVAL
AND
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114

COVER LETTER

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

SUBJECT:

Andinted E Appointed Enterprises 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:

Jaimie Lynn Wilson
Name (Printed or typed)

1022 NE 14th Avenue
Address

Ocala, FL 34470
City, State & Zip

(352) 693-0040
Daytime Telephone number

JaimieWilson31@gmail.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:

Printed & appointed Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1022 NE 16th Avenue
Ocala, FL 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any lawful business &
all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jimmie Wilson President

Name and Title:

Address

1022 NE 16th Ave
Ocala, FL 34470

Address:

Name and Title:

Belinda C. Wilson Vice President

Name and Title:

Address

1022 NE 16th Avenue
Ocala, FL 34470

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 14 PM 3:25

APPROVAL
AND
FILED

APPROVAL
AND
FILED (cont.)

14 JUL 14 PM 3:25

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Jamie Lynn Wilson
Address: 1022 NE 10th Avenue
Ocala, FL 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Lynn Wilson
Address: 1022 NE 10th Avenue
Ocala, FL 34470

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

Jamie Lynn Wilson
Required Signature/Registered Agent

7/8/2014
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.

Jamie Lynn Wilson
Required Signature/Incorporator

7/8/2014
Date