

P14 000073325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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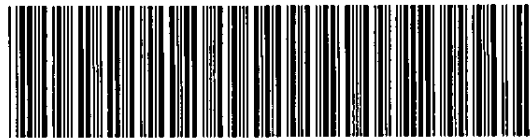
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/14--01008--009 * 88.75

RECEIVED
SEP-4 AM 11:20
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP-4 AM 11:50

9-5 cm

COVER LETTER

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

SUBJECT: **PALINOLE 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: **PALINOLE INC.**

Name (Printed or typed)

650 S ADAMS STREET

Address

QUINCY, FL 32351

City, State & Zip

850 875-2380

Daytime Telephone number

dpumpurs@comcast.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:

PALINOLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

650 S ADAMS STREET

QUINCY, FL 32351

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP - 4 AM 11:50

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FAHEEM HALIM / PRESIDENT

Address: 5617 BAINBRIDGE HWY
QUINCY, FL 32352

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: FAHEEM HALIM

Address: 5617 BAINBRIDGE HWY

QUINCY, FL 32352

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FAHEEM HALIM

Address: 5617 BAINBRIDGE HWY

QUINCY, FL 32352

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

09/03/14
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

09/03/14
Date