

P14000075173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

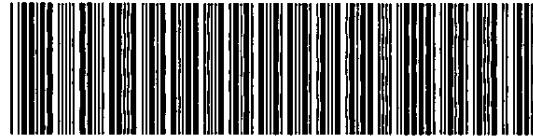
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/11/14

COVER LETTER

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

SUBJECT: Mark Bigelow LMT, 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: Mark Bigelow

Name (Printed or typed)

763 Riverside Drive

Address

Ormond Beach, FL. 32176

City, State & Zip

386-214-6268

Daytime Telephone number

Carol@CarolBigelow.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: Mark Bigelow LMT, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

763 Riverside Drive

Ormond Beach, FL

32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark J Bigelow, Pres.

Name and Title: _____

Address 763 Riverside Drive

Address: _____

Ormond Beach, FL

32176

Name and Title: Carol J Bigelow, VP

Name and Title: _____

Address 763 Riverside Drive

Address: _____

Ormond Beach, FL

32176

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Mark J Bigelow

Address: 763 Riverside Drive

Ormond Beach, FL.32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

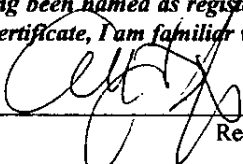
Name: Mark J Bigelow

Address: 763 Riverside Drive

Ormond Beach, FL. 32176

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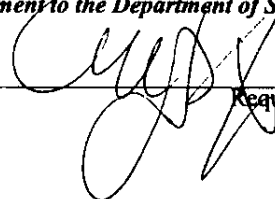
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

9/6/14
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

9/6/14
Date