

P14000080027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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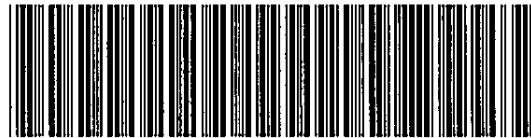
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 26 AM 9:22

9/29/14

COVER LETTER

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

SUBJECT: PayLess Rentals 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: Armaker Horne
Name (Printed or typed)

9625 Waynes boro ave
Address

Jacksonville FL 32208
City, State & Zip

(904) 322-4333
Daytime Telephone number

Payless rentals @ hotmail.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: Payless Rentals Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9625 Waynes boro ave
Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation purpose is
to engage in any lawful activities for which
corporations may be formed, according to the
laws of the state.

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DIVISION OF CORPORATIONS
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ARTICLE IV SHARES

The number of shares of stock is: 50,000,000 shares. Common stock, (voting rights)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Armaker R. Horne / President Name and Title: Armaker R. Horne / Secretary

Address 9625 Waynes boro ave
Jacksonville, FL 32208

Address: 9625 Waynes boro ave
Jacksonville, FL 32208

Name and Title: JarVana T. Horne / vice-president Name and Title: _____

Address 9625 Waynes boro ave
Jacksonville, FL 32208

Address: _____

Name and Title: Armaker R. Horne / Treasurer Name and Title: _____

Address 9625 Waynes boro ave
Jacksonville, FL 32208

Address: _____

(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: Jar Vona T. Horne
Address: 9625 Waynes boro ave
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Armaker R Horne
Address: 9625 Waynes boro ave
Jacksonville, FL 32208

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

 Horne
Required Signature/Registered Agent

9/23/14
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

9/23/14
Date