

P15 000013657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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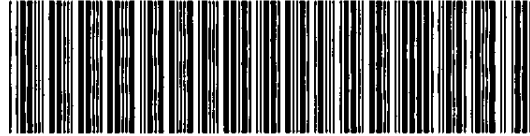
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*see
2/11/15*

COVER LETTER

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

SUBJECT: Carmel Mission Marketing Company
(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: Judy J. McCranie
Name (Printed or typed)

6804 Long Meadow Circle South
Address

Jacksonville, FL 32244
City, State & Zip

904-524-6176
Daytime Telephone number

judy.mccranie@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:

Carmel Mission Marketing Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6804 Long Meadow Circle South

Jacksonville, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful administrative, consulting, financial, marketing and sales activities

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Judy J. McCranie**

Name and Title:

Address

6804 Long Meadow

Address:

Circle South

Jacksonville, FL 32244

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Judy J. McCranie
Address: 6804 Long Meadow Circle South
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Judy J. McCranie
Address: 6804 Long Meadow Circle South
Jacksonville, FL 32244

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

Judy J. McCranie
Required Signature/Registered Agent

January 26, 2015
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.

Judy J. McCranie
Required Signature/Incorporator

1/26/15
Date