

P15000036891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

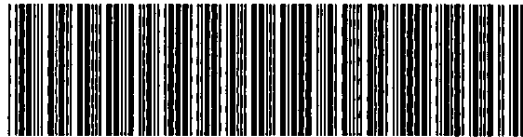
(Business Entity Name)

(Document Number)

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SECONDARY STATE
TALLAHASSEE, FLORIDA

11 244-15 4

AMY R LINXWILER INC.

ATX1

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: AMY R LINXWILER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11135 LOST CREEK TERRACE #103

LAKEWOOD TERRACE, FLORIDA 34211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSES FOR WHICH CORPORATIONS

MAY BE INCORPORATED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMY R LINXWILER PRESIDENT Name and Title: _____

Address: 11135 LOST CREEK TERRACE #103 Address: _____

LAKEWOOD TERRACE, FLORIDA 34211 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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15 APR 2 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMY R LINXWILER INC.

(conti.) ATX1

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: AMY R LINXWILER

Address: 11135 LOST CREEK TERRACE #103

LAKEWOOD TERRACE, FLORIDA 34211

ARTICLE VII INCORPORATOR

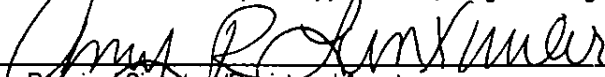
The **name and address** of the Incorporator is:

Name: AMY R LINXWILER

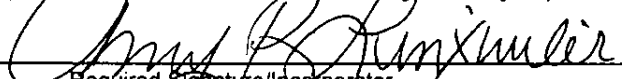
Address: 11135 LOST CREEK TERRACE #103

LAKEWOOD TERRACE, FLORIDA 34211

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	<u>3/25/2015</u> _____ Date
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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	<u>3/25/15</u> _____ Date
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