

P16000010454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

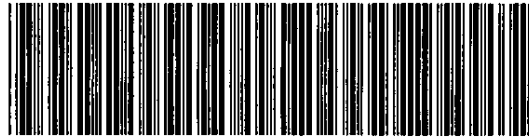
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 25 AM 7:14

APPROVED  
AND  
FILED

1/14

## COVER LETTER

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

SUBJECT: Armaker 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

Armakerrentals@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: Armaker 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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**ARTICLE IV SHARES**

The number of shares of stock is: Common Stock (voting rights) 10,000,000 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Armaker Horne / President</u>	Name and Title: <u>Armaker Horne / Secretary</u>
Address: <u>9625 Waynes boro ave</u>	Address: <u>9625 Waynes boro ave</u>
<u>Jacksonville, FL 32208</u>	<u>Jacksonville, FL 32208</u>

Name and Title: <u>Armaker Horne / Treasurer</u>	Name and Title: _____
Address: <u>9625 Waynes boro ave</u>	Address: _____
<u>Jacksonville, FL 32208</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

APPROVED  
AND  
FILED (cont.)

Name and Title: \_\_\_\_\_ Name and Title: 16 JAN 25 AM 7:14  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Armater 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*

[Signature]  
Required Signature/Registered Agent

1/20/16  
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.*

[Signature]  
Required Signature/Incorporator

1/20/16  
Date