

P16000057703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

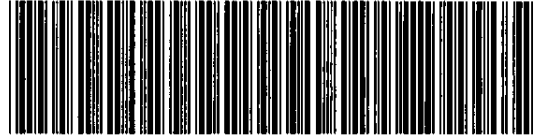
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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7/4/16

COVER LETTER

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

SUBJECT: South Palm Reporting, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Donna Mihalko
Name (Printed or typed)

9727 SW Santa Monica Dr.
Address

Palm City, FL 34990
City, State & Zip

561-338-0815
Daytime Telephone number

donna@southpalmreporting.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: South Palm Reporting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9727 SW Santa Monica Dr.
Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general nature of business to be transacted is court reporting services, and shall be any lawful business for the State of Florida and all acts properly incidental thereto.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Mihalko Name and Title: President
Address: 9727 SW Santa Monica Dr. Address:
Palm City, FL 34990

Name and Title: Donna Mihalko Name and Title: VP, S, T
Address: 9727 SW Santa Monica Dr. Address:
Palm City, FL 34990

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE FLORIDA

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: Donna Mihalko
Address: 9727 SW Santa Monica Dr
Palm City, FL 34990

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ARTICLE VII INCORPORATOR

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

Name: Donna Mihalko
Address: 9727 SW Santa Monica Dr
Palm City, FL 34990

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Donna Mihalko

Required Signature/Registered Agent

6-27-16

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.

Donna Mihalko

Required Signature/Incorporator

6-27-16

Date