

PH000058412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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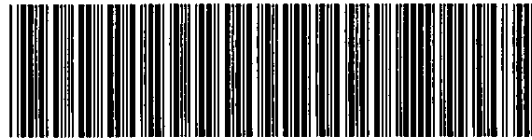
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL -6 AM 8:44

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COVER LETTER

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

SUBJECT: Property Management Investigations, 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: Ernest J. Mullins
Name (Printed or typed)

519 Patrick Street
Address

Kissimmee, FL 34741
City, State & Zip

407. 846-1111
Daytime Telephone number

ernie.mullinslaw@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: Property Management Investigations

ARTICLE II PRINCIPAL OFFICE

Principal street address
519 Patrick Street

Mailing address, if different is:

Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernest J. Mullins
President, Treasurer

Address

519 Patrick Street
Kissimmee, FL 34741

Name and Title: Jane A. Roderick
Vice President, Secretary

Address:

519 Patrick Street
Kissimmee FL 34741

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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KISSIMMEE FL

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: Ernest J. Mullins
Address: 519 Patrick Street
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

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

Name: Ernest J. Mullins
Address: 519 Patrick Street
Kissimmee, FL 34741

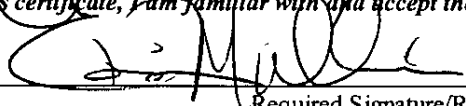
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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


Required Signature/Registered Agent

June 30, 2016
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

June 30, 2016
Date