

P16000065653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

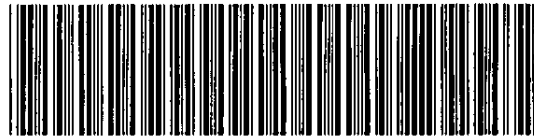
(Business Entity Name)

(Document Number)

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

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08/10/16--01012--009 \*\*8.75

16 AUG 10 PM 12:55  
SEC. REG. 1, 1,  
TALLAHASSEE, FLORIDA  
15 AUG 10 PM 12:34

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: DL Palmer 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: David and Lynne Palmer  
Name (Printed or typed)

309 Wilkin son street  
Address

Tallahassee, Florida 32310  
City, State & Zip

850-320-4325 or 850-443-3818  
Daytime Telephone number

dlpalmer63@yahoo.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)

APPROVED  
AND  
FILED

16 AUG 10 PM 2:55

ARTICLE I NAME

The name of the corporation shall be: DL Palmer, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

309 Wilkinson Street

Same as

Tallahassee FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are going to be  
entering into a lease purchase program with  
our current employer. We are commercial  
truck drivers.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Palmer

Name and Title: CEO

Address: 309 Wilkinson St.

Address:

Tall. FL 32310

→  
Same

Name and Title: Lynne Palmer

Name and Title: CEO

Address: 309 Wilkinson St.

Address:

Tall. FL 32310

→  
Same

Name and Title:

Name and Title:

Address:

Address:

APPROVED  
AND  
FILED

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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: David Palmer  
Address: 309 Wilkinson Street  
Tallahassee, FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lynne Palmer  
Address: 309 Wilkinson Street  
Tallahassee, FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/10/16 (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

David Palmer 8/10/16  
Required Signature/Registered Agent 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.

Lynne Palmer 8/10/16  
Required Signature/Incorporator Date