

P16000065820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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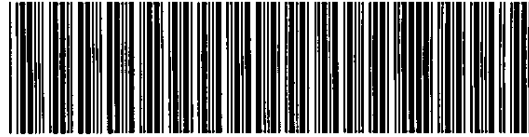
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/16--01007--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL 29 PM 6:29

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7/28/16

COVER LETTER

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

SUBJECT: INESTIMABLE INCORPORATED

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Stephen C. Jory

Name (Printed or typed)

957 Scenic View Circle

Address

Minneola, FL 34715

City, State & Zip

352-348-4455

Daytime Telephone number

stephen.jory@theinfiniteoutdoors.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

INESTIMABLE INCORPORATED

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

957 Scenic View Circle

957 Scenic View Circle

Minneola, FL 34715

Minneola, FL 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a professional organization which will serve the community by providing retail products for the outdoors.

ARTICLE IV SHARES

10,000,000.00

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen C. Jory - President

Name and Title:

Address 957 Scenic View Circle

Address:

Minneola, FL 34715

Name and Title:

Name and Title:

Address

Address:

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: Stephen C. Jory _____

Address: 957 Scenic View Circle _____

Minneola, FL 34715 _____

ARTICLE VII INCORPORATOR

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

Name: Stephen C. Jory _____

Address: 957 Scenic View Circle _____

Minneola, FL 34715 _____

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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

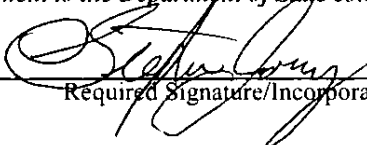


Required Signature/Registered Agent

07/26/2016

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

07/26/2016

Date