

P/6 000072767

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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16 AUG 29 AM 11:14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE 09/01/16

2 09/07/16

COVER LETTER

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

SUBJECT: Collis Moore, 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 ☐ \$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: Collis L. Moore

Name (Printed or typed)

35 Lafayette Avenue

Address

Sorrento, FL 32776

City, State & Zip

(407) 501-1036

Daytime Telephone number

bigedcpa@aol.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: Collis Moore, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

35 Lafayette Avenue

Sorrento, FL 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Collis L. Moore - President

Name and Title: _____

Address 35 Lafayette Avenue

Address: _____

Sorrento, FL 32776

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Collis L. Moore

Address: 35 Lafayette Avenue

Sorrento, FL 32776

ARTICLE VII INCORPORATOR

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

Name: Collis L. Moore

Address: 35 Lafayette Avenue

Sorrento, FL 32776

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/01/2016 (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

Collis L. Moore

Required Signature/Registered Agent

8/25/16
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.

Collis L. Moore

Required Signature/Incorporator

8/25/16
Date