

P17000084641

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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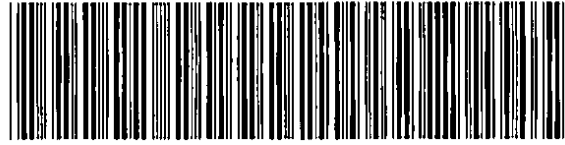
Certificates of Status _____

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17 OCT 19 PM 3:18

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CLERK OF STATE
TALLAHASSEE, FLORIDA
17 OCT 19 PM 1:11

COVER LETTER

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

SUBJECT: R.L. Akers, 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: Mark K. Logan, Sniffen & Spellman, P.A.

Name (Printed or typed)

123 North Monroe Street

Address

Tallahassee, FL 32301

City, State & Zip

850.205.1996

Daytime Telephone number

mlogan@sniffenlaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
OCT 17 2019
DEPT. OF STATE
TALLAHASSEE, FL
17 OCT 19 PM 1:12

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: R. L. Akers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3800 West Tennessee Street

Tallahassee, Fl. 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert L. Akers, President/Director

Name and Title:

Address: 3800 West Tennessee St.

Address:

Tallahassee, Fl. 32304

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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STATE
CLERK

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: Michael Spellman, Sniffen & Spellman, P.A.
Address: 123 North Monroe Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark K. Logan, Sniffen & Spellman, P.A.
Address: 123 North Monroe Street
Tallahassee, FL 32301

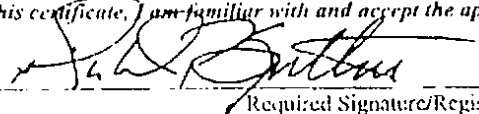
ARTICLE VIII EFFECTIVE DATE: 11/1/17

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 days prior or 90 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

10/19/17

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

10/19/17

Date

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STATE OF FLORIDA