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COVER LETTER

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

SUBJECT: PENTICA ENTERPRISES, 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: JAMES MICHAEL BAMFORD

Name (Printed or typed)

4830 ANDRADE

Address

PENSACOLA, FLORIDA 32504

City, State & Zip

(850)848-7224

Daytime Telephone number

jmbamford@gmail.com

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

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

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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: PENTICA ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4830 ANDRADE

PENSACOLA, FLORIDA 32504

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AUTOMOTIVE MAINTENANCE, REPAIR AND RESTORATION
AND ALL OTHER BUSINESS ALLOWED BY LAW

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES MICHAEL BAMFORD, Pres., Se

Name and Title: _____

Address 4830 ANDRADE

Address: _____

PENSACOLA, FLORIDA 32504

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
PENSACOLA, 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: PHILIP L. BURNETT, ESQ.
Address: 2449 FIRST STREET
FORT MYERS, FLORIDA 33901

ARTICLE VII INCORPORATOR

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

Name: PHILIP L. BURNETT, ESQ.
Address: 2449 FIRST STREET
FORT MYERS, FLORIDA 33901

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H. L. HARRIS, CLERK
TALLAHASSEE, FLORIDA

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 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

9/10/2018
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

9/10/2018
Date