

PI8000099243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

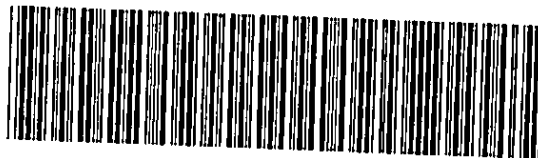
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N SAMS

DEC 07 2018



100321442621

12/04/18--01012--017 **87.50

18 NOV -4 PM 2:01

COVER LETTER

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

SUBJECT: PREON, 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 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DONALD B. TIPPING

Name (Printed or typed)

5650 BLAZER PARKWAY, SUITE 138

Address

DUBLIN, OHIO 43017

City, State & Zip

714-272-3797

Daytime Telephone number

don@tippingtax.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: preon, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5650 BLAZER PARKWAY, SUITE 138

DUBLIN, OHIO 43017

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCIS R. PALMER, PRESIDENT

Name and Title: _____

Address 5650 BLAZER PARKWAY, SUITE 138

Address: _____

DUBLIN, OHIO 43017

Name and Title: DONALD B. TIPPING, CFO

Name and Title: _____

Address 5650 BLAZER PARKWAY, SUITE 138

Address: _____

DUBLIN, OHIO 43017

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

18 NOV -4 PM 2:01

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: MARINA NUZUM

Address: 14449 67TH TRAIL NORTH

PALM BEACH GARDENS, FL 32314

ARTICLE VII INCORPORATOR

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

Name: DONALD B. TIPPING

Address: 5650 BLAZER PARKWAY, SUITE 138

DUBLIN, OHIO 43017

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

Marina Nuzum
Required Signature/Registered Agent

11/30/18
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.

Donald B. Tipping
Required Signature/Incorporator

11/15/2018
Date

18 NOV -4 PM 2:01