

P19000061565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

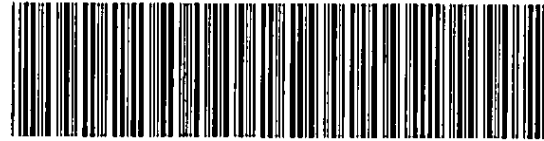
(Business Entity Name)

(Document Number)

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FILED
2019 JUL -5 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

N. SAMS

AUG 08 2019

COVER LETTER

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

SUBJECT: CRONE'S EYE ON INVESTIONS, 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: RANDY L. CRONE

Name (Printed or typed)

6736 WILLOW LAKE CIRCLE

Address

FORT MYERS, FL. 33966

City, State & Zip

239-939-2588

Daytime Telephone number

gtaeagle@comcast.net

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: CRONE'S EYE ON INVESTIGATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6736 WILLOW LAKE CIRCLE

FORT MYERS, FL 33966

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultaion, Investigative and Background Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randy L. Crone, President

Name and Title: Frances M. Crone, Vice Pres/Sec/Treas

Address 6736 Willow Lake Circle

Address: 6736 Willow Lake Circle

Fort Myers, FL. 33966

Fort Myers, FL. 33966

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
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: Randy L. Crone
Address: 6736 Willow Lake Circle
Fort Myers, FL 33966

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randy L. Crone
Address: 6736 Willow Lake Circle
Fort Myers, FL 33966

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

Randy L. Crone
Required Signature/Registered Agent

6/27/2019

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.817.135, F.S.

Randy L. Crone
Required Signature/Incorporator

6/27/2019

Date

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TALLAHASSEE, FLORIDA