

P21000055562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

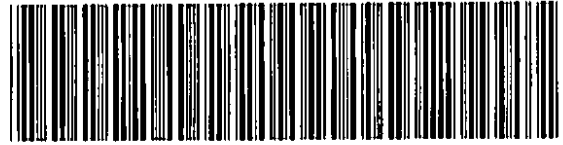
(Document Number)

Certified Copies

Certificates of Status

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TALLAHASSEE, FLORIDA

2021 JUN 14 AM 11:40

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: IN A MINUTE PERMIT CORP
(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: LEE D. HOLLIDAY
Name (Printed or typed)

724 N. MACOMB ST
Address

TAL. FL. 32303
City, State & Zip

850-933-6735
Daytime Telephone number

lee.holliday8@gmail.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: IN A MINUTE PERMIT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
724 N. Macomb St
Tallahassee, FL 32303

Mailing address, if different is:
724 N. Macomb St
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS TAXES

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lee Holliday Pres. Name and Title: _____

Address: 724 N. Macomb St Address: _____
Tallahassee, FL 32303

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: LEE D. HOLLIDAY
Address: 724 N. MACOMB ST
T.H., FL 32303

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ARTICLE VII INCORPORATOR

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

Name: LEE D. HOLLIDAY
Address: 724 N. MACOMB ST
T.H., FL 32303

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

Lee D. Holliday
Required Signature/Registered Agent

6/14/21
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.

Lee D. Holliday
Required Signature/Incorporator

6/14/21
Date