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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
- (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

James E. Parker,	. PA	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Made
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal T
		Dissolution / Withdrawal II Annual Report / Reinstatement II
		Cert. Copy
		Рһою Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETI	Н	UCC I or 3 File
Name	Date Time	UCC 11 Search
11/ 11 7	11711 15: 1-12	UCC I! Retrieval
Walk-In		Courier

COVER LETTER

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

SUBJECT:	<u>James E.</u> (PROPOSED CORPORAT	<u>Parker, PA</u> E NAME – <u>MUST INCLU</u>	DESUFFIX)			
Enclosed are an orig	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 ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Name	<u>James Parker</u> Name (Printed or typed) 3812 Glenford Drive				
		ddress				

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

Clermont, FL 34711 City, State & Zip

407-927-8999 Daytime Telephone number

jimp@bossgi.com
E-mail address: (to be used for future annual report notification)

[1]

ARTICLESOFINCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporatio	TICLEL NAME James E. Parker, PA			_
ARTICLEII PRINCIPAL OFFICE Principal street address		Maili	ng address, if different is:	
3812 Glenfo	rd Drive_			
Clermont, 1	FL34711_			
	E corporation is organized is: To ation of the Florida Departm			rvices as
ARTICLEIV SHARES The number of shares of ste	ock is: <u>100</u>			
Name and Title:	OFFICERS AND/OR DIRECTOR James Parker, President			
Address -	3812 Glenford Drive	Address:	-	P-2
-	Clermont, FL34711			<u> </u>
-			•,	. رح <u>.</u> دی ت
Name and Title:_	·	Name and Title;	<u></u>	<u>No.</u>
Address _		Address:	3	
Name and Title:	_			
Address				
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Name and Title:		Name and Title:	
Address	, - <u>-</u> .	Address:	··
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-			
ARTICLE VI REGISTE The name and Florida stre	RED AGENT et address (P.O. Box NOT acceptabl	c) of the registered agent is:	
Name:	<u>James Parker</u>		
Address: -	3812 Glenford Drive		
	Clermont, FL34711		
ARTICLE VII INCORP	ORATOR		
The name and address of the	he Incorporator is:		
Name:	<u>James Parker</u>		· · · · · · · · · · · · · · · · · · ·
Address: -	3812 Glenford Drive		' (/1 . , , , , , , , , , , , , , , , , , , ,
	Clermont, FL34711		
	the date of filing:		
(If an effective date is liste filing.)	ed, the date must be specific and ca	nnot be more than five days prior or 9	00 days after the
	n this block does not meet the applied ate on the Department of State's recor	able statutory filing requirements, this dards.	ite will not be listed as
		ss for the above stated corporation at the istered agent and agree to act in this capa	
	Docusigned by		12/15/2021
	Required Signature Registered Agent		Date
		are true. I am aware that the false info clony as provided for in s.817.155, F.S.	rmation submitted in a
	Oocu3igned by:		12/15/2021
Required Signature/Incorpo	orator "SESTERCT 108458	Date	