

P23000068389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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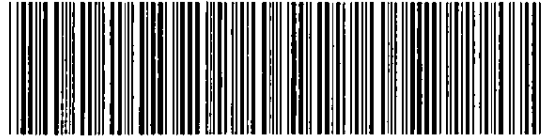
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

Attention: Crystal
Doc # W23000115338

SUBJECT: ~~Ai-M, Inc.~~ Ai-M Processes, 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

*Previously
Sent In*

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: J. Patrick Floyd
Name (Printed or typed)

408 Long Avenue
Address

Port St. Joe, Florida 32456
City, State & Zip

(850) 227-7413
Daytime Telephone number

j.patrickfloyd@jpatrickfloyd.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: Ai-M, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
20 Avenue D, Suite 208

Apalachicola, FL 32320

Mailing address, if different is:
20 Avenue D, Suite 208

Apalachicola, FL 32320

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All purposes for which a for profit corporation can do business within the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: L. Patrick Floyd DIR, PR Name and Title: _____

Address 20 Avenue D, Suite 208^{TR} Address: _____

Apalachicola, FL 32320

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: J. Patrick Floyd

Address: 20 Avenue D, Suite 208

Apalachicola, FL 32320

ARTICLE VII INCORPORATOR

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

Name: J. Patrick Floyd

Address: 408 Long Avenue

Port St. Joe, FL 32456

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TALLAHASSEE, FL

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

J. Patrick Floyd
Required Signature/Registered Agent

7/27/23
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.

J. Patrick Floyd
Required Signature/Incorporator

7/27/23
Date