

P95000049756
TRANSMITTAL LETTER

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

900001522589
-06/26/95--01012 --007
*****70.00 *****70.00

SUBJECT: FLAGULL, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: JIM COLVIN
Name (printed or typed)

4340 SEAGULL DR
Address

NEW PORT RICHEY, FL 34652
City, State & Zip

813-846-9661
Daytime Telephone number

FILED
95 JUN 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

418
6-26-95

ARTICLES OF INCORPORATION

OF

FLAGULL, INC.

FILED

95 JUN 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FLAGULL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4340 SEAGULL DR
NEW PORT RICHEY, FL 34652

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 COMMON NO-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JIM COLVIN
4340 SEAGULL DR
NEW PORT RICHEY, FL 34652

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

JIM COLVIN
4340 SEAGULL DR.
NEW PORT RICHEY, FL. 34652

The undersigned has(have) executed these Articles of Incorporation this

12TH day of JUNE, 19 95.

Jim Colvin Pres.
Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLAGULL, INC.

2. The name and address of the registered agent and office is:

JIM COLVIN
(Name)
4340 SEAGULL DR
(P.O. Box not acceptable)
NEW PORT RICHEY FL. 34652
(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

6-12-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049756**

1 Corporation Name

FLAGULL, INC.

96 DEC 18 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4340 SEAGULL DR. **4340 SEAGULL DR.**
NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652**



If above addresses are incorrect in any way, list through incorrect information and enter correction below.

REINSTATEMENT *96*
To Do Business in Florida **06/23/1995**

2 New Principal Office Address, If Applicable
3540 Hogan Drive
Suite, Apt. #, etc.
City & State
New Port Richey, Florida
Zip Country
34655 Pasco

3 New Mailing Office Address, If Applicable
3540 Hogan Drive
Suite, Apt. #, etc.
City & State
New Port Richey, Florida
Zip Country
34655 Pasco

5. FEI Number Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jim Colvin	3540 Hogan Dr.	New Port Richey, FL 34655
V-Pres.	Mary Chenault	3540 Hogan Dr.	New Port Richey, FL 34655

000002037110--0
-12/24/96--01103--020
****375.00 ****375.00

JB12-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLVIN, JIM
4340 SEAGULL DR.
NEW PORT RICHEY FL 34652

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jim Colvin
REGISTERED AGENT MUST SIGN

Date **12-16-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jim Colvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Colvin

12/16/1996 (813)849-2266

Date Daytime Phone #