

PA7000048847

TOM R. MOORE  
Requestor's Name  
P.O. BOX 13442  
Address  
TALAHASSEE, FLA 32317  
City/State/Zip  
56-0161  
Phone #

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-06/03/97--01065--007  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NORTH FLORIDA MOBILE SUPPLY SERVICE, INC.  
(Corporation Name) (Document #)
  2. \_\_\_\_\_  
(Corporation Name) (Document #)
  3. \_\_\_\_\_  
(Corporation Name) (Document #)
  4. \_\_\_\_\_  
(Corporation Name) (Document #)
- FILED  
97 JUN -3 PM 2:35  
STATE OF FLORIDA

- ☒ Walk in ☒ Pick up time CALL 566-0161 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Call when ready

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DIVISION OF CORPORATION

Examiner's Initials	
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**ARTICLES OF INCORPORATION**  
**OF**  
**NORTH FLORIDA MOBILE SUPPLY SERVICE, INC.**

The undersigned subscribes to these articles of incorporation, as a natural person competent to contract, and hereby forms a corporation for profit under the laws of the State of Florida:

**ARTICLE I**

The name of the corporation shall be:

NORTH FLORIDA MOBILE SUPPLY SERVICE, INC.

**ARTICLE II**

The street address and mailing address of the initial principal office of the corporation is 4155A Brewster Road, Tallahassee, Florida 32308.

**ARTICLE III**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares, common stock, par value \$1.00.

**ARTICLE IV**

The street address of the corporation's initial registered office is 217 South Adams St., Tallahassee, Florida 32301; and, the name of its initial registered agent at that office is Tom R. Moore. The written acceptance of this designation by the named registered agent accompanies the filing of these articles.

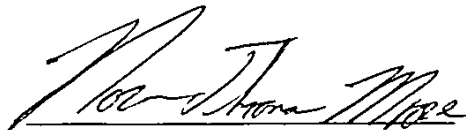
## ARTICLE V

The name and address of the undersigned subscriber of these articles of incorporation is Norman Thomas Moore, 4155A Brewster Road, Tallahassee, Florida 32308. He shall serve as the sole director initially, though the number of directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one. He shall serve as director until his successor is elected and duly qualified to serve.

## ARTICLE VI

It is the intention of the incorporator of this corporation that the corporation adopt a plan under the Internal Revenue Code allowing a limited ordinary loss to individuals for loss on stock of a "small business corporation" which qualifies under the Code.

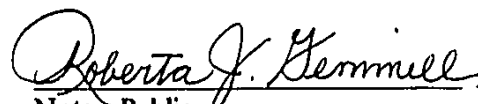
IN WITNESS WHEREOF the undersigned acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this 2 day of June, 1997.

  
NORMAN THOMAS MOORE  
Subscriber

STATE OF FLORIDA  
COUNTY OF LEON

BEFORE ME, personally appeared, NORMAN THOMAS MOORE, to me well known to be the individual described in and who executed the foregoing Articles of Incorporation and who acknowledged before me that the same were executed for the purposes therein expressed.

WITNESS my hand and seal in the county and state named above on this 2<sup>ND</sup> day of June, 1997.

  
Notary Public

my commission expires:

[seal]



ROBERTA J. GEMMILL  
MY COMMISSION # CG373499 EXPIRES  
May 2, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: NORTH FLORIDA MOBILE SUPPLY SERVICE, INC.

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

TOM R. MOORE  
(NAME)

217 SOUTH ADAMS ST.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TALLAHASSEE, FLORIDA 32301  
(CITY/STATE/ZIP)

FILED  
97 JUN -3 PM 2:35  
SECRETARY OF STATE  
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.*

TOM R. MOORE  
(SIGNATURE)

6-3-97  
(DATE)