

**TRANSMITTAL LETTER**

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

SUBJECT: \_\_\_\_\_  
corporate name

Enclosed is an original and one (1) copy of the articles of incorporation check for \$ \_\_\_\_\_.

FROM: \_\_\_\_\_  
Name (printed or typed)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip  
(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Included herewith is the original and one copy of the Articles.

**ARTICLES OF INCORPORATION**

**OF**

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The undersigned incorporator(s), for the purpose of forming a corporation hereby adopt(s) the following Articles of Incorporation.

**ARTICLE 1 NAME**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

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

**ARTICLE III CAPITAL STOCK**

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

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:



**ARTICLE V INCORPORATOR(S)**

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

<b>Incorporator's Name</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>St</b>	<b>Zip</b>
Michael W. Newton	4546	Anderson Court,	Augusta,	Ga.	30809
Romaine R. Newton	4546	Anderson Court, Augusta,	Augusta,	Ga.	30809

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

The registered office/registered agent, in the State of **California**.

1. The name of the corporation is: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

(NAME)

\_\_\_\_\_

(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_

(CITY/STATE/ZIP)

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 \_\_\_\_\_

DATE \_\_\_\_\_

