

P21000055562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

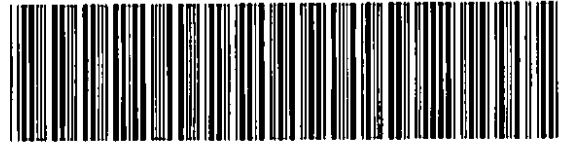
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Certificates of Status

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TALLAHASSEE, FLORIDA

2021 JUN 14 AM 11:40

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: IN A MINUTE PERMIT CORP  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: LEE D. HOLLIDAY  
Name (Printed or typed)

724 N. MACOMB ST  
Address

TAL. FL. 32303  
City, State & Zip

850-933-6735  
Daytime Telephone number

lee.holliday8@gmail.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: IN A MINUTE PERMIT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address  
724 N. Macomb St  
Tallahassee, FL 32303

Mailing address, if different is:  
724 N. Macomb St  
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS TAXES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lee Holliday Pres. Name and Title: \_\_\_\_\_  
Address: 724 N. Macomb St Address: \_\_\_\_\_  
Tallahassee, FL 32303

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE FL

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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: LEE D. HOLLIDAY

Address: 724 N. Macomb St  
T.H., FL 32303

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**ARTICLE VII INCORPORATOR**

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

Name: LEE D. HOLLIDAY

Address: 724 N. MACOMB ST  
T.H., FL 32303

**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*

Lee D. Holliday  
Required Signature/Registered Agent

6/14/21  
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.*

Lee D. Holliday  
Required Signature/Incorporator

6/14/21  
Date