

PO30000040866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

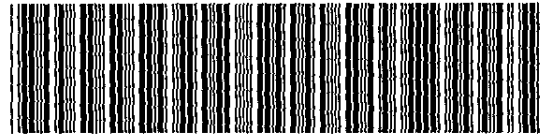
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATIONS
TALLAHASSEE, FLORIDA

4-12-03
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TRANSMITTAL LETTER

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

SUBJECT: EMERALD COAST SERVICES & ASSOCIATES 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
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:

CHARLES S. SMITH
Name (Printed or typed)

2701 CRAWFORDVILLE HIGHWAY
Address

CRAWFORDVILLE, FLORIDA 32327
City, State & Zip

850-251-5975
Daytime Telephone number

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

EMERALD COAST SERVICES, & Associates INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2701 CRAWFORDVILLE HIGHWAY, #OFFICE 226
CRAWFORDVILLE, FLORIDA 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CHARLES S. SMITH (P)
2701 CRAWFORDVILLE HIGHWAY
OFFICE 226
CRAWFORDVILLE, FLORIDA
32327

JAMES W. MOON (VP)
2701 CRAWFORDVILLE HIGHWAY
OFFICE 226
CRAWFORDVILLE, FLORIDA
32327

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAMES W. MOON
2701 CRAWFORDVILLE HIGHWAY, OFFICE 226
CRAWFORDVILLE, FLORIDA
32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES S. SMITH
2701 CRAWFORDVILLE HIGHWAY, OFFICE 226
CRAWFORDVILLE, FLORIDA 32327

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

Signature/Registered Agent

Date

Signature/Incorporator

Date