

P03000/27791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

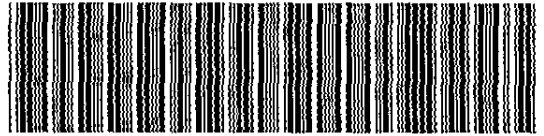
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Volunteer Fencing  
(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: Jeffrey S. Cady  
Name (Printed or typed)

1840 Daboy Farm Circle  
Address

Tallahassee, Florida 32310  
City, State & Zip

559-1905  
Daytime Telephone number

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

RECEIVED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# 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: *Volunteer Fencing, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *1840 Babyfarm Circle, Tall, FL 32*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *To be organized for workman's*

## ARTICLE IV SHARES

The number of shares of stock is: *1*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jeffrey S. Cody - President*  
*Robert C. Lawson - Officer*

## ARTICLE VI REGISTERED AGENT

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

*Jeffrey S. Cody*  
*1840 Babyfarm Circle*  
*Tall, FL 32310*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jeffrey S. Cody*  
*1840 Babyfarm Circle*  
*Tall, FL 32310*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*10-29*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*10-29*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA