

P03000149415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

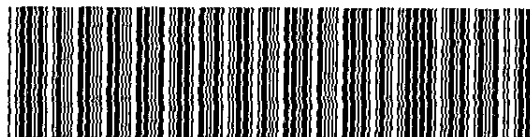
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/12/03

## TRANSMITTAL LETTER

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

SUBJECT: Prescott Tractor Service, Inc.  
(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: Colley Financial Services, Inc.  
Name (Printed or typed)

209 US 275  
Address

Lake Placid FL 33852  
City, State & Zip

863-465-6473  
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)

## ARTICLE I NAME

The name of the corporation shall be:

Prescott Tractor Service, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

838 LAKE APTHORPE DRIVE  
LAKE PLACID, FL 33852

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bobby L Prescott President, Secretary  
838 LAKE APTHORPE DRIVE  
LAKE PLACID FL 33852

## ARTICLE VI REGISTERED AGENT

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

Colley Financial Svcs., Inc.  
209 US 27 S.  
Lake Placid, FL 33852

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Colley Financial Svcs., Inc.  
209 US 27 S.  
Lake Placid, FL 33852

\*\*\*\*\*

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

Frances A Colley  
Signature/Registered Agent

12-04-03  
Date

Frances A Colley  
Signature/Incorporator  
FRANCES A COLLEY

12-04-03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA