

POS0000069831

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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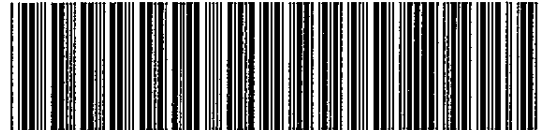
(Business Entity Name)

(Document Number)

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05/03/05--01046--015 \*\*78.75

FILED  
05 MAY -3 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: "Southeast Saw Cut 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: "Southeast Saw Cut Inc."  
Name (Printed or typed)

Post Office Box 9595 (8730 Thomas Drive, Unit 1110-H)  
Address

Panama City Beach, FL 32417  
City, State & Zip

(850) 832-0949  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 6, 2005

SOUTHEAST SAW CUT INC.  
P O BOX 9595  
PANAMA CITY BEACH, FL 32417

SUBJECT: SOUTHEAST SAW CUT INC  
Ref. Number: W05000023143

We have received your document for SOUTHEAST SAW CUT INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin  
Document Specialist  
New Filings Section

Letter Number: 505A00032753

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

05 MAY -3 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

"Southeast Saw Cut Inc."

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8730 Thomas Drive Unit 1110-H, Box 9595, Panama City Beach, FL 32417

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To do concrete cut out, deminlition, and desposal of debre

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares issue to Tony Owings and Ike Duren with full rights of survivorship to the suvivor

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ike Duren, President/Secretary, Box 9595, Panama City 'Beach, FL 32417

Tony Owings, Vice-Presidenet/Treasure, Box 9595, Panama City Beach, FL 32417

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ike Duren  
122 Legend Lakes  
Bay Point  
Panama City Beach, FL 32408

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ike Duren  
122 Legend Lakes  
Bay Point  
Panama City Beach, FL 32408

\*\*\*\*\*

*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

April 29, 2005

Date



Signature/Incorporator

April 29, 2005

Date