

P05000116010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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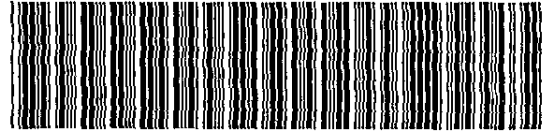
(Business Entity Name)

(Document Number)

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18 8/22/05

TRANSMITTAL LETTER

FILED

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

2005 AUG 22 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Sweetbriar Investments, 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: David Perkins
Name (Printed or typed)

3669 Longfellow Rd
Address

Tallahassee FL 32311
City, State & Zip

850-878-2841
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: Sweetbriar Investments, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3669 Longfellow Rd
Tallahassee, Fl 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment company

ARTICLE IV SHARES

The number of shares of stock is:

51 - shares - David Perkins
100 - shares 49 - shares - Tami McDowell

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Perkins - President
Tami McDowell - Vice President

ARTICLE VI REGISTERED AGENT

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

David Perkins
3669 Longfellow Rd
Tallahassee, Fl 32311

state of FL
County of Franklin
Sworn before me this 19th day of Aug.
2005. Having produced valid FL DL.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tami McDowell
3669 Longfellow Rd
Tallahassee Fl 32311



Raymond B. Thompson
Commission # DD328297
Expires June 13, 2008
Bonded Troy Pain - Insurance, Inc. 800-365-7019

Notary Signature

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

Signature/Incorporator

Date

08-19-05

2005 AUG 19 AM 9:35
TALLAHASSEE FL
CLERK OF STATE