

POS000117170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

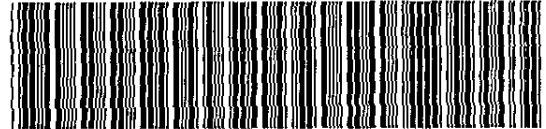
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05 AUG 23 PM 12:40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 23 PM 12:27

STATE
VISION OF CREATIONS
TALLAHASSEE, FLORIDA

8-23-05

TRANSMITTAL LETTER

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

SUBJECT: Emerald Coast Solutions INC. ^{South}
(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: E. Curtis Peters
Name (Printed or typed)

P.O. Box 1673
Address

Crawfordville Florida 32326
City, State & Zip

850-251-8316 Cell phone
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:

Emerald Coast Solutions ^{South} INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 1673
Crawfordville FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

① F CURTIS Peters PO BOX 1673 Crawfordville FL 32326
② DAN Hant PO BOX 1673 Crawfordville FL 32326

ARTICLE VI REGISTERED AGENT

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

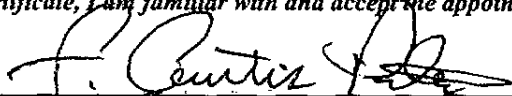
F Curtis Peters
348 Emerald Acres Dr
Crawfordville Florida 32327

ARTICLE VII INCORPORATOR

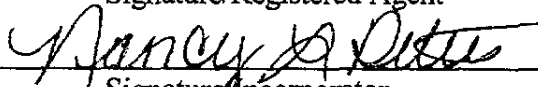
The name and address of the Incorporator is:

Nancy H Peters
348 Emerald Acres
Crawfordville FL 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



Signature/Incorporator

8-23-05

Date

8/23/05

Date

FILED
05 AUG 23 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA