

PO6000050160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

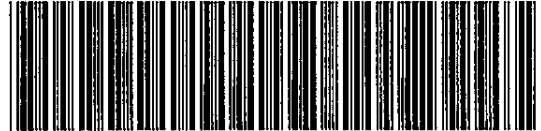
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Triple D Underground Utilities, 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: Ricky Dunn
Name (Printed or typed)

842 Wakulla Springs Rd.
Address

Crawfordville, FL 32327
City, State & Zip

850-251-9878
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:

Triple D Underground Utilities, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

842 Wakulla Springs Rd. Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Underground 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):

P - Lisa Dunn 842 Wakulla Springs Rd.
V - Ricky Dunn Crawfordville FL 32327

ARTICLE VI REGISTERED AGENT

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

Ricky Dunn
842 Wakulla Springs Rd.
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

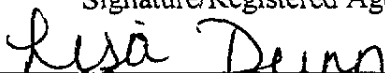
The name and address of the Incorporator is:

Lisa Dunn
842 Wakulla Springs Rd.
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

4/7/06
Date

4/7/06
Date

06 APR - 7 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED