

P06000087585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

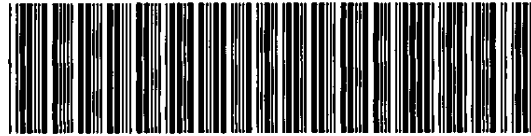
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/28/06--01041--014 **70.00

RECEIVED
06 JUN 28 PM 2:26
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

62-96-22

By Morton

Messer Capareello & Self

Requestor's Name

215 S. Monroe St #701

Address

222-0720

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. *Cowart Amelia Island Fence, Inc.*
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

LAW OFFICES
Messer, Capareello & Self
A Professional Association

Post Office Box 1876
Tallahassee, Florida 32302-1876
Internet: www.lawfla.com

C. Sha'Ron James
sjames@lawfla.com

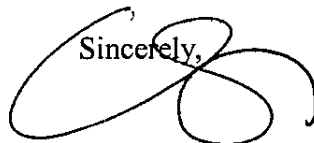
June 28, 2006

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

Dear Sir or Madam:

Enclosed are Articles of Incorporation, along with this firm's check in the amount of \$70 to cover the costs associated with filing the Articles of Incorporation and Designation of Registered Agent forms for Cowart Amelia Island Fence, Inc. Should you have any question concerning the enclosed, please telephone this office at 222-0720.

Thank you in advance for your attention to this matter.

Sincerely,

C. Sha'Ron James

/csj
enclosures

**ARTICLES OF INCORPORATION
OF
COWART AMELIA ISLAND FENCE, INC.**

FILED
06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

ARTICLE I

Name

The name of this Corporation shall be COWART AMELIA ISLAND FENCE, INC.

ARTICLE II

Principal Office

The initial street address of the principal office of this Corporation shall be:
447 OKEFENOKEE DRIVE
FOLKSTON GA 31537

ARTICLE III

Purpose

This Corporation shall be organized for the purpose of engaging in any business which is lawful under the laws of the State of Florida.

ARTICLE IV

Capital Stock

The authorized capital stock of this Corporation shall consist of 10,000 shares of voting common stock having a par value of ten cents (\$0.01) each.

ARTICLE V

Directors

This Corporation shall have no less than one director (1) nor more than three (3). The Board of Directors of the Corporation shall consist of all of the stockholders (or, if any stockholder is a corporation or other entity, such shareholder's duly authorized representative). The initial director of the Company shall be as follows:

| <u>Name</u> | <u>Address</u> | <u>Shares</u> |
|---------------------|--|---------------|
| Robert Cowart | 447 OKEFENOKEE DRIVE FOLKSTON, GA 31537 | 80% |
| Kathie Cowart | 447 OKEFENOKEE DRIVE FOLKSTON, GA 31537 | 10% |
| William Dale Cowart | 447 OKEFENOKEE DRIVE FOLKSTON, GA 31537 | 10% |

ARTICLE VI

Agent

The registered agent of this Corporation shall be C. Sha`Ron James. The address of the registered agent shall be 3116 Capital Circle, N.E., Suite 5, Tallahassee, Florida 32308.

ARTICLE VII

Incorporator

The name and address of the Incorporator is: C. Sha`Ron James, 3116 Capital Circle, N.E., Suite 5, Tallahassee, Florida 32308.

ARTICLE VIII

Existence

This Corporation shall have perpetual existence.

ARTICLE IX

Officers

The officers of the Corporation shall be a president, vice president and a secretary/treasurer, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or

determined by the Board of Directors. The names of the initial officers are as follows:

| <u>Name</u> | <u>Office</u> |
|---------------------|----------------|
| Robert Cowart | President |
| William Dale Cowart | Vice-President |
| Kathie Cowart | Secretary |

ARTICLE X

Indemnification

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, to the full extent permitted under Chapter 607, Florida Statutes, or its successor statute.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 28th day of June, 2006, for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida the Certificates of Incorporation and certify that the facts herein stated are true.



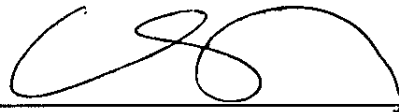
C. SHARON JAMES, ESQ., Incorporator

REGISTERED AGENT ACKNOWLEDGMENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is COWART AMELIA ISLAND FENCE, INC.
2. The name of the registered agent and office is C. SHA'RON JAMES, 3116 Capital Circle NE Suite 5, Tallahassee, Florida 32308.

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



C. SHA'RON JAMES, Registered Agent

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06 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA