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COVER LETTER

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

SUBJECT: SJ Floyd	Inc.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original a	nd one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
	ling Fee	Filing Fee	Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy		
ω	Columente of Smiths	a common copy	& Certificate of		
		ļ	Status		
		ADDITIONAL CO			
		ADDITIONAL CO	PT KEQUIKED		
FROM: Stanle	y Floyd				
Name (Printed or typed)					
1946 Bishops Gate SW					
	1	Address			
Wint	er Haven FL 33880				
	City,	State & Zip			
	Daytime T	elephone number			

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

ARTICLES OF INCORPORATION

OF

SJ Floyd Inc



THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

Article I Identification

The name of the corporation, hereinafter referred to as the "Corporation," is SJ Floyd Inc.

Article II Period of Existence

The period during which the corporation shall continue is perpetual.

Article III Registered Office and Registered Agent

The address of the initial registered office of the Corporation is 1946 Bishops Gate SW, Winter Haven, FL 33880 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Stanley Floyd, 1946 Bishops Gate SW, Winter Haven, FL 33880. The mailing address for the Corporation is 1946 Bishops Gate SW, Winter Haven, FL 33880.

Article IV Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

Article V Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

Article VI Incorporator's Address

The name and post office address of the Incorporator(s) and initial Director(s) of the Corporation is as follows:

President: Stanley Floyd 1946 Bishops Gate SW Winter Haven, FL 33880

Vice President: Kimberly Clark Floyd 1946 Bishops Gate SW Winter Haven, FL 33880

The effective date of this Article of Incorporation shall be $\frac{O\%}{O}$, 2006.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of <u>Aug.</u> 69, 2006.

Incorporator

Incorporator

STATE OF FLORIDA (COUNTY OF POLK)

The forgoing Articles of Incorporation were acknowledged before me, this

day of <u>Aug</u>, 2006.

NOTARY PUBLIC State of Florida

My Commission Expires:

CAROL D. LAMONS
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD205256
EXPIRES 08/15/2007
BONDED THRU 1-985-NOTARY

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this article, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

8/8/06 Date

FILED

SECRETARISTS SAFE