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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
8/24

## COVER LETTER

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

**SUBJECT:** Florida Guild of Professional Chimney Sweeps, 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: W. Mark Hudson, II  
Name (Printed or typed)

P.O. Box 557  
Address

Middleburg, FL 32050  
City, State & Zip

(904) 282-4159  
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:

Florida Guild of Professional Chimney Sweeps, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Physical: 165 Wells Road, Suite 105  
Orange Park, FL 32073

Mailing: P.O. Box 557  
Middleburg, FL 32050

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote education within the chimney sweep profession

### **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):

W. Mark Hudson, II, President, P.O. Box 557, Middleburg, FL 32050

Jay K. Walker, Treasurer, 4746 Dick Mitchell Drive, Tallahassee, FL 32303

### **ARTICLE VI REGISTERED AGENT**

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

Kathy S. Baker, E.A.  
165 Wells Road, Suite 105  
Orange Park, FL 32073

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


W. Mark Hudson, II  
P.O. Box 557  
Middleburg, FL 32050

\*\*\*\*\*

*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

8-21-07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8-21-07  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA