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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CS8

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

SUBJECT: Stoltzfus, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jason Stoltzfus

Name (Printed or typed)

2783 Canoe Ln

Address

North Port, FL

City, State & Zip

(717) 577-9278

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:

Stoltzfus, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2783 Canoe Ln, North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Disaster Management Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Stoltzfus

President

2783 Canoe Ln, North Port, FL 34286

ARTICLE VI REGISTERED AGENT

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

Jason Stoltzfus

2783 Canoe Ln, North Port, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Stoltzfus

2783 Canoe Ln, North Port, FL 34286

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

Jason Stoltzfus

Signature/Registered Agent

7-28-08

Date

Jason Stoltzfus

Signature/Incorporator

7-28-08

Date

FILED

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TALLAHASSEE, FLORIDA