

P10000082088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

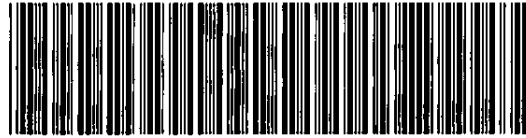
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200186200292

10/06/10--01008--017 **87.50

FILED
2010 OCT -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 08 2010

COVER LETTER

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

SUBJECT: a LUMBER LOGISTICS MANAGEMENT, 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: a LUMBER LOGISTICS MANAGEMENT, INC.
Name (Printed or typed)

a P.O. Box 1156
Address

a Lecanto, FLORIDA 34460
City, State & Zip

a (352)-628-0043
Daytime Telephone number

a
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -6 PM 2:33

FILED

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: Lumber logistics management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6657 West Hilger Ct.
Homosassa, FL.
34448

Mailing address, if different is:

P.O. Box 1156
Lecanto, FL. 34460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lumber - marketing and logistics.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John P. McKelvey
Address: President
6657 W. Hilger Ct.
Homosassa

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John P. McKelvey
Address: 6657 W. Hilger Ct.
Homosassa, FL 34448

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John P. McKelvey
Address: 6657 W. Hilger Ct.
Homosassa, FL 34448

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

Required Signature/Registered Agent

10/2/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10/2/2010
Date

FILED
2010 OCT -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA