

P10000095491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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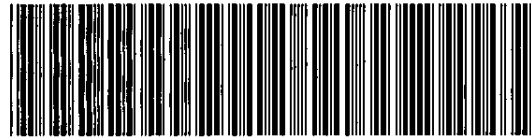
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 NOV 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 23 10:02

COVER LETTER

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

SUBJECT: Southeastern Wholesale Fence Manufacturing, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Terrence M Berkery
Name (Printed or typed)

380 S St Rd 434 Suite 1004-130
Address

Altamonte Springs Florida 32714
City, State & Zip

407-488-9755
Daytime Telephone number

tmberks9@aol.com
E-mail address: (to be used for future annual report notification)

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

Southeastern Wholesale Fence Manufacturing Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
380 S St Rd 434 Suite 1004-130
Altamonte Springs, Florida 32714

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Manufacturing and wholesale distribution of aluminum and vinyl fence products

ARTICLE IV SHARES

The number of shares of stock is 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terrence M Berkery
Address: 380 S St Rd 434 Suite 1004-130
Altamonte Springs, Florida 32714

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: Jody D Berkery
Address: 405 Woodview Dr
Longwood, Florida 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terrence M Berkery
Address: 380 S St Rd 434 Suite 1004-130
Altamonte Springs, Florida 32714

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

Jody D. Berkery
Required Signature/Registered Agent

November 17, 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.

Terrence M Berkery
Required Signature/Incorporator

11/17/10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA