

PI0000100597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2010 DEC 13 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 14 2010

COVER LETTER

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

SUBJECT: Family & Friends Environmental Services 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: William Ballance  
Name (Printed or typed)  
400 SW DeKle Rd  
Address  
LAKE CITY FL 32025  
City, State & Zip  
386-752 4576  
Daytime Telephone number  
dickhardchief58@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

Division of Corporations  
Tallahassee Florida

November 3, 2010

To Whom It May Concern:

I am requesting that my corporation name of Family & Friends Environmental  
Be released and I do not retain the name effective immediately. Services Inc

This is a unanimous choice by the stockholders.

Thank you,

William K. Bullman 11/3/10

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:

Family & Friends Environmental Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

400 SW DEKLE RD

LAKE CITY FL 32025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William BALLANCE Pres

Address: 400 DEKLE RD

LAKE CITY FL 32025

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: William BALLANCE

Address: 400 DEKLE RD

LAKE CITY FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nettie DAVIS

Address: 846 SW MAIN BLVD

LAKE CITY FL 32025

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

William K. Ballance

Required Signature/Registered Agent

11/3/10

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.

Nettie Davis

Required Signature/Incorporator

11/3/10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA