

711000007465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

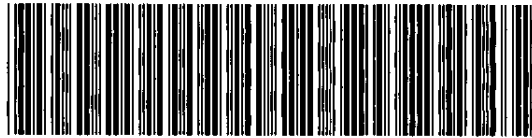
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800192160378

01/25/11--01001--006 **87.50

RECEIVED

11 JAN 24 PM 2:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JAN 24 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2011

I, Brian McIntosh will not revoke
the dissolution of Southern Miracles Surfacing.
Document # P04000020053



1-24-11

FILED

11 JAN 24 PM 2:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

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

SUBJECT: Southern Miracles Surfacing 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: Brian McIntosh
Name (Printed or typed)
395 NW Cracknel Way
Address
Lake City, FL 32055
City, State & Zip
(386) 623-3342
Daytime Telephone number
A2572@MSN.COM
E-mail address: (to be used for future annual report notification)

FILED
11 JAN 24 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Southern Miracles Surfacing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

395 NW Cracknel Way
Lake City, FL 32055

Mailing address, if different is:

395 NW Cracknel Way
Lake City, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful buisness.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian McIntosh (President)
Address: 395 NW Cracknel Way
Lake City, FL

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: Brian McIntosh
Address: 395 NW Cracknel Way
Lake City, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian McIntosh
Address: 395 NW Cracknel Way
Lake City, FL

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

Brian McIntosh

Required Signature/Registered Agent

1-24-11

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.

Brian McIntosh

Required Signature/Incorporator

1-24-11

Date

FILED
11 JAN 24 PM 2 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA