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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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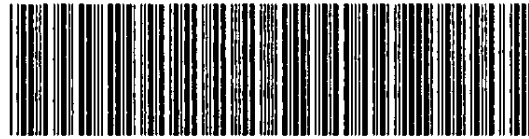
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TREASURY DIVISION

11 FEB - 7 PM 3:24

FILED

PS 2/8/11

## COVER LETTER

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

**SUBJECT: Joe's Reliable Septic, 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: Michele Roper

Name (Printed or typed)

11480 W Amaryllis Lane

Address

Crystal River, FL 34428

City, State & Zip

352-795-4662

Daytime Telephone number

joe@joesreliableseptic.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** Joe's Reliable Septic, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
11480 W Amaryllis Lane  
Crystal River, FL 34428

Mailing address, if different is:  
P.O. Box 551  
Dunnellon, FL 34430

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Do business using the name Joe's Reliable Septic, Inc.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Harley J. Roper JR, Director/President Name and Title: \_\_\_\_\_  
Address: 11480 W Amaryllis Lane Address: \_\_\_\_\_  
Crystal River, FL 34428

Name and Title: Michele Roper, Director, Vice President, Treasurer, Secretary, Registered Agent Name and Title: \_\_\_\_\_  
Address: 11480 W Amaryllis Lane Address: \_\_\_\_\_  
Crystal River, FL 34428

Name and Title: Joseph Roper, Director Name and Title: \_\_\_\_\_  
Address: 11480 W Amaryllis Lane Address: \_\_\_\_\_  
Crystal River, FL 34428

**ARTICLE VI REGISTERED AGENT**

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

Name: Michele Roper  
Address: 11480 W Amaryllis Lane  
Crystal River, FL 34428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele Roper  
Address: 11480 W Amaryllis Lane  
Crystal River, FL 34428

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

Michele Roper  
Required Signature Registered Agent

02-01-2011  
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.

Michele Roper  
Required Signature Incorporator

02-01-2011  
Date