

P11000015111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

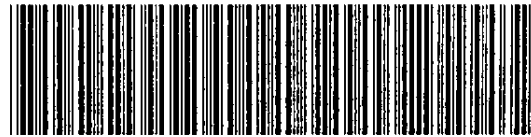
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900193596799

02/11/11--01014--016 **78.75

FILED

11 FEB 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/14

COVER LETTER

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

SUBJECT: Eco Stone Recycling 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: Matthew Johnson
Name (Printed or typed)

2720 se 7th ct
Address

Ocala FL 34471
City, State & Zip

352 857 4808
Daytime Telephone number

mjohnson109@cox.net
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

The name of the corporation shall be: ECO Stone Recycling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2720 se 7th ct
Ocala FL 34471

Mailing address: _____

FILED

11 FEB 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This company's main purpose is to collect and recycle a product that is normally just a waste product. This process will help reduce amount of waste going to landfills and at the same provide some income for the company

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Johnson President
Address: 2720 se 7th ct
Ocala FL 34471

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: Matthew Johnson
Address: 2720 se 7th ct
Ocala FL 34471

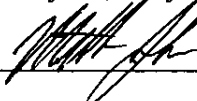
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew Johnson
Address: 2720 se 7th ct
Ocala FL 34471


FILED
11 FEB 11 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2/09/2011
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.


Required Signature/Incorporator

2/09/2011
Date