

P11000023379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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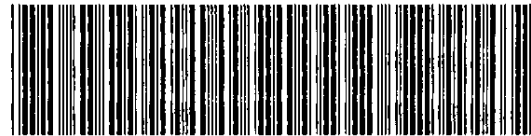
(Business Entity Name)

(Document Number)

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

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2011 MAR -8 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Pillow Oil Company

(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: Stephen D. Pillow

Name (Printed or typed)

P. O. Box 1621 (9819 Holden Park Road)

Address

Hawthorne, FL 32640-1621

City, State & Zip

352-481-5006

Daytime Telephone number

stephen.pillow@att.net

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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: Pillow Oil Company

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9819 Holden Park Road  
Hawthorne, FL 32640

Mailing address, if different is:  
P. O. Box 1621  
Hawthorne, FL 32640-1621

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to undertake any and all lawful business allowed under the constitution, laws, and statutes of the State of Florida.

## **ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Megan Pillow Davis - President  
Address: 621 E Centerview Street  
China Grove, NC 28023

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Amelia M. Pillow - Vice President  
Address: 4106 NE 10th Avenue  
Portland, OR 97211

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Stephen D. Pillow - Secretary/Treasurer  
Address: P. O. Box 1621  
Hawthorne, FL 32640-1621

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALAMASSEE COUNTY  
SECRETARY OF STATE

## **ARTICLE VI REGISTERED AGENT**

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

Name: Stephen D. Pillow  
Address: 9819 Holden Park Road  
Hawthorne, FL 32640

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen D. Pillow  
Address: P. O. Box 1621  
Hawthorne, FL 32640-1621

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

March 7, 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

March 7, 2011  
\_\_\_\_\_  
Date