

P11000045276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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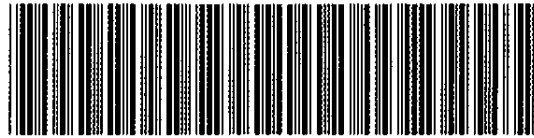
(Business Entity Name)

(Document Number)

Certified Copies / Certificates of Status /

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RECEIVED

11 MAY 11 PM 3:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/11/11

COVER LETTER

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

SUBJECT: Summit Southeast, 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: Brandon Porter

Name (Printed or typed)

5296 Village Way

Address

Tallahassee, FL 32303

City, State & Zip

850-574-4658

Daytime Telephone number

brandonp@embarqmail.com

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

11 MAY 11 PM 3:48

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Summit Southeast, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5296 Village Way
Tallahassee FL
32303

Mailing address, if different: **11 MAY 11 AM 3:48**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide consulting services to interested parties.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Brandon Porter, President</u>	Name and Title: _____
Address: <u>5296 Village Way</u>	Address: _____
<u>Tallahassee FL</u>	_____
<u>32303</u>	_____

Name and Title: <u>Jennifer Porter, Vice President</u>	Name and Title: _____
Address: <u>5296 Village Way</u>	Address: _____
<u>Tallahassee FL</u>	_____
<u>32303</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Brandon Porter
Address: 5296 Village Way
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brandon Porter
Address: 5296 Village Way
Tallahassee FL 32303

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

Brandon R. Porter
Required Signature/Registered Agent

09 May 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.

Brandon R. Porter
Required Signature/Incorporator

09 May 2011
Date