

P110000074745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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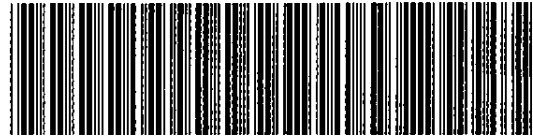
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Plouf Enterprises, 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: Rose Plouf
Name (Printed or typed)

PO Box 1906
Address

Mt. Dora, FL 32756
City, State & Zip

352-223-2659
Daytime Telephone number

hulanani50@yahoo.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

The name of the corporation shall be: Plouf Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

809 N. Donnelly St. Unit 2
Mt. Dora, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a business of sales and
some manufacturing.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose Plouf - President
Address: P.O. Box 1906
Mt. Dora, FL 32756

Name and Title:

Address:

Name and Title: Don Plouf - Director
Address: P.O. Box 1906
Mt. Dora, FL 32756

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: Rose Plouf
Address: 511 S. Center St.
Eustis, FL 32726

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rose Plouf
Address: P.O. Box 1906
Mt. Dora, FL 32756

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

Rose Plouf

Required Signature/Registered Agent

8/15/11
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.

Rose Plouf

Required Signature/Incorporator

8/15/11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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