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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -7 PM 2:47

95 10/10/11

COVER LETTER

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

SUBJECT: Loyed 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: James R. Loyed
Name (Printed or typed)

447 Alma Rd.
Address

DeFuniak Springs, FL 32433
City, State & Zip

850-859-2003
Daytime Telephone number

buyithere1967@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Loyed Enterprises, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
447 Alma Rd.
DeFuniak Springs, FL 32433

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The purpose of the corporation is to conduct any lawful purpose or purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>James R. Loyed, President/Treasurer</u>	Name and Title: <u>Virginia A. Loyed, Vice President/Secretary</u>
Address: <u>447 Alma Rd.</u>	Address: <u>447 Alma Rd.</u>
<u>DeFuniak Springs, FL 32433</u>	<u>DeFuniak Springs, FL 32433</u>
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James R. Loyed
Address: 447 Alma Rd.
DeFuniak Springs, FL 32433

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

Lamont W Jones, Assistant VP

Required Signature/Registered Agent

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

Date