

P110000089298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

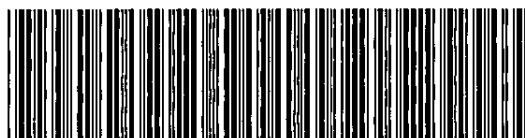
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800213096978

10/12/11--01023--019 \*\*70.00

RECEIVED

11 OCT 12 PM 2:23

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 OCT 12 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Sopchoppy Thatch Co.*  
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: \_\_\_\_\_

*Nelson L. Martin*

Name (Printed or typed)

*60 Lizard Lane*

Address

*Sopchoppy, FL 32358*

City, State & Zip

*(850) 962-2200*

Daytime Telephone number

*NelsonLizard@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)

**ARTICLE I NAME**

The name of the corporation shall be:

*Sopchoppy Thatch Co.*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

*60 Lizard Lane  
Sopchoppy, FL 32358*

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*palm thatch roofing and exhibits*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100*

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

Name and Title: *Nelson L. Martin*  
Address: *60 Lizard Lane  
Sopchoppy, FL 32358*

Name and Title: *president*  
Address: \_\_\_\_\_

Name and Title: *William A. Martin*  
Address: *1405 TOM STILL RD  
Tallahassee, FL 32305*

Name and Title: *vice-president*  
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: *Nelson L. Martin*  
Address: *60 Lizard Lane  
Sopchoppy, FL 32358*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: *Nelson L. Martin*  
Address: *60 Lizard Lane  
Sopchoppy, FL 32358*

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

*Nelson L. Martin*  
\_\_\_\_\_  
Required Signature/Registered Agent

**FILED**  
11 OCT 12 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
*10/12/11*  
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.

*Nelson L. Martin*  
\_\_\_\_\_  
Required Signature/Incorporator

*10/12/11*  
Date