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## COVER LETTER

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

SUBJECT: SITE WORK UNLIMITED, 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: DANIEL ELIXSON

Name (Printed or typed)

P O BOX 8

Address

WORTHINGTON SPRINGS, FL 32697

City, State & Zip

352-494-5829

Daytime Telephone number

DANIEL ELIXSON @ AOL.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**

**SITE WORK UNLIMITED, INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3424 SW 119TH AVE  
LAKE BUTLER, FL 32054

Mailing address, if different is:

P O BOX 8  
WORTHINGTON SPRINGS, FL 32697

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **500 SHARES**

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

Name and Title: DANIEL ELIXSON P  
Address: P O BOX 8  
WORTHINGTON SPRINGS FL 32697

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

Name and Title: COURTNEY ELIXSON VP  
Address: P O BOX 8  
WORTHINGTON SPRINGS, FL 32697

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: DANIEL ELIXSON  
Address: 3424 SW 119TH AVE  
LAKE BUTLER, FL 32054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIEL ELIXSON  
Address: P O BOX 8  
WORTHINGTON SPRINGS, FL 32697

*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*

Daniel Elixson

Required Signature/Registered Agent

2/16/12

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.*

Daniel Elixson

Required Signature/Incorporator

2/16/12

Date

12 FEB 23 PM 3:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS