

P/2000037374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

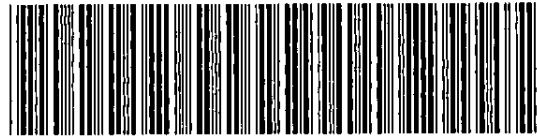
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500230070865

04/19/12--01024--007 **78.75

FILED
12 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/20/12

COVER LETTER

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

SUBJECT: Southern Utility Consulting Services, 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: Gary E. Royce
Name (Printed or typed)

10544 Beverly Nalle Rd
Address

Jacksonville, Fl 32225
City, State & Zip

904-885-2738
Daytime Telephone number

geroyce@bellsouth.net
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: **Southern Utility Consulting Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
10544 Beverly Nalle Rd
Jacksonville, FL 32225

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide utility consultation and design services

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Gary E. Royce**
Address: **10544 Beverly Nalle Rd**
Jacksonville, FL 32225

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **Gary E. Royce**
Address: **10544 Beverly Nalle Rd**
Jacksonville, FL 32225


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Gary E. Royce**
Address: **10544 Beverly Nalle Rd**
Jacksonville, FL 32225

FILED
12 APR 19 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

17 April 2012
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

17 April 2012
Date