

P12000681819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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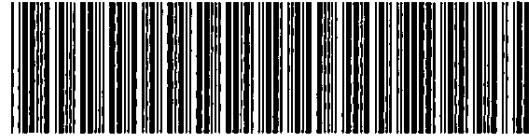
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers SEP 27 2012

COVER LETTER

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

SUBJECT: SSLM 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: Cindy S. Hand

Name (Printed or typed)

8980 Erie Lane

Address

Parrish, FL 34219

City, State & Zip

941-737-0646

Daytime Telephone number

chand@sslminc.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

SSLM Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8980 Erie Lane
Parrish, FL 34219

Mailing address, if different is:

PO Box 642
Ona, FL 33865

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all business not prohibited by the Laws of the State of Florida. This corporation shall have all powers given corporations under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time shall be one thousand (1,000) shares of common stock having a par value of \$1.00.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cindy S. Hand, President
Address: PO Box 642
Ona, FL 33865

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: Cindy S. Hand
Address: 8980 Erie Lane
Parrish, FL 34219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cindy S. Hand
Address: PO Box 642
Ona, FL 33865

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

Cindy S. Hand

Required Signature/Registered Agent

9/24/2012

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.

Cindy S. Hand

Required Signature/Incorporator

9/24/2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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