

P/2000088602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

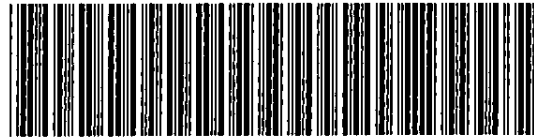
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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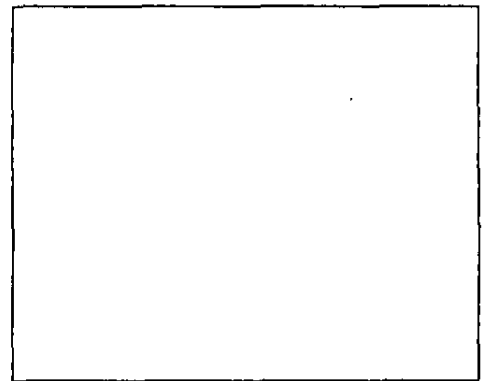
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WALK-IN

ENTITY NAME:

YOUNGQUIST BROTHERS OIL AND GAS APPALACHIA, INC.

CK# 5545 FOR \$ 70.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

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

SUBJECT: Youngquist Brothers Oil and Gas Appalachia, 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: Richard Friday
Name (Printed or typed)

15465 Pine Ridge Rd
Address

Fort Myers, FL 33908
City, State & Zip

239-489-4444
Daytime Telephone number

rofriday@yahoo.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 Youngquist Brothers Oil and Gas Appalachia, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
15465 Pine Ridge Rd
Fort Myers, FL 33908

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Oil well Maintenance and service

ARTICLE IV SHARES

The number of shares of stock is: **10 shares/par value \$1.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Timothy Youngquist - President**
Address: **15465 Pine Ridge Rd**
Fort Myers, FL 33908

Name and Title: _____
Address: _____

Name and Title: **Harvey Youngquist - Secretary**
Address: **15465 Pine Ridge Rd**
Fort Myers, FL 33908

Name and Title: _____
Address: _____

Name and Title: **Richard Friday - Treasurer**
Address: **15465 Pine Ridge Rd**
Fort Myers, FL 33908

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: **Richard Friday**
Address: **15465 Pine Ridge Rd**
Fort Myers, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **Tiffiney Lomax**
Address: **7700 College Town Dr #205**
Sacramento, CA 95814

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

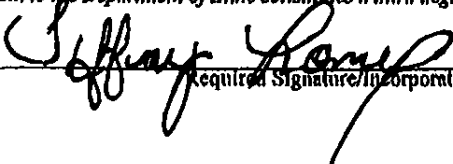


Required Signature/Registered Agent

10/10/2012

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

10/10/2012

Date

12 OCT 19 AM 8:06
CALLAHAN, DELOACH & LOMBARD