

P13000006766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

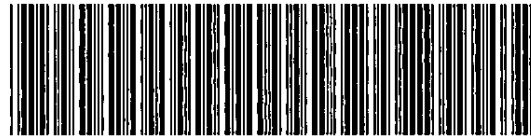
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/16/12--01025--011 **78.75

W12-15614

FILED
13 JAN 18 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch JAN 22 2013

COVER LETTER

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

SUBJECT: SANDY PINES OF MADISON 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JENNY DRAWDY

Name (Printed or typed)

134 SE COLBURN AVE

Address

LAKE CITY, FL. 32025

City, State & Zip

386-752-7344

Daytime Telephone number

JENNY@SCAFFS.COM

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 JAN 18 PM 1:13
TALLAHASSEE, FLORIDA

March 19, 2012

JENNY DRAWDY
134 SE COLBURN AVE
LAKE CITY, FL 32025

SUBJECT: SANDY PINES OF MADISON INC
Ref. Number: W12000015614

We have received your document for SANDY PINES OF MADISON INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 112A00009631

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: Sandy Pines of Madison Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

134 SE Colburn Avenue
Lake City, Fl. 32025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to raise timber

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 par value \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stafford L. Scuff, President Name and Title: _____

Address 134 SE Colburn Ave Address: _____
Lake City, Fl. 32025

Name and Title: Anne C. Scuff, Treasurer Name and Title: _____

Address 134 SE Colburn Ave Address: _____
Lake City, Fl. 32025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stafford L. Scalf
 Address: 134 SE Colburn Ave.
Lake City, Fl. 32025

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jenny Drawdy
 Address: 134 SE Colburn Ave.
Lake City, Fl. 32025

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

 Date 1/11/13

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

 Date 1/11/13