

P13000007338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

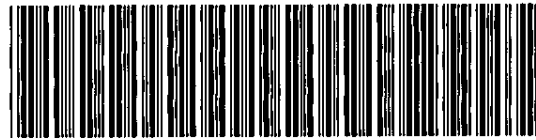
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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13 JAN 23 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 JAN 23 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gr 1/23/13

COVER LETTER

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

SUBJECT: All American silt fence 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Brandon c Mcmillan

Name (Printed or typed)

15583 cr 252

Address

Live oak fl 32060

City, State & Zip

(407)715-2242

Daytime Telephone number

brandon.mcmillan66@yahoo.com

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: All American silt fence inc

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is: STATE
TALLAHASSEE FLORIDA

15583 cr 252

Live oak FL

32060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

erosion control

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon C Mcmillan CEO

Name and Title: _____

Address 15583 cr 252 live oak fl 32060

Address: _____

Name and Title: teresa mcmillan

Name and Title: _____

Address

VP

Address: _____

15583 cr 252

Live oak FL 32060

Name and Title: _____

Name and Title: _____

Address

Address: _____

(conti.)

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: Brandon mcmillan
Address: 15583 cr 252
Live oak FL 32060

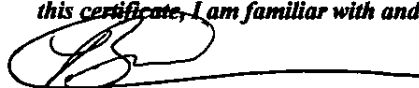
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brandon Mcmillan
Address: 15583 cr 252
live oak fl 32060

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

1-23-13

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

1-23-13

Date