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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: FIRST COAST SIGNAL ENGINEERING, 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: YOSHIKO A. HARP
Name (Printed or typed)

1956 EVENTIDERD.
Address

ST. JOHNS, FL 32259
City, State & Zip

904-287-1094 or 904-635-0328
Daytime Telephone number

MICHAEL-HARP@ATT.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: FIRST COAST SIGNAL ENGINEERING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

315 ST. JOHNS RIVER PLACE LANE
ST. JOHNS, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DESIGN & CHECK SIGNAL
PROJECTS FOR RAILROADS AND THE GENERAL
NATURE OF THE BUSINESS TO BE TRANSACTED,
CONDUCTED & CARRIED ON BY THIS CORPORATION
SHALL BE TO ENGAGE IN ANY ACTIVITY OR
BUSINESS PERMITTED UNDER THE LAWS
OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOSHIKO A. HARP Name and Title: _____

Address: PRESIDENT Address: _____

1956 EVENTIDE RD.
ST. JOHNS, FL 32259

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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(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: YOSHIKO A. HARP
Address: 1956 EVENTIDE RD.
ST. JOHNS, FL 32259

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOSHIKO A. HARP
Address: 1956 EVENTIDE RD.
ST. JOHNS, FL 32259

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

Yoshiko A. Harp
Required Signature/Registered Agent

02/15/13
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.

Yoshiko A. Harp
Required Signature/Incorporator

02/15/13
Date