

P13000017772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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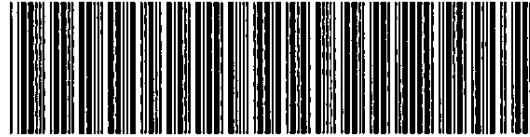
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

369 FEB 25 2013

COVER LETTER

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

SUBJECT: Southern Foam & Coating of North Florida, 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: Russell K. Collins

Name (Printed or typed)

234 State Road 16

Address

St. Augustine, FL 32084

City, State & Zip

912-618-9126

Daytime Telephone number

Rusty@sfcinsulation.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

The name of the corporation shall be: Southern Foam & Coating of North Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

234 State Road 16

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide materials & installation of spray foam insulation and similar products for residential,
commercial, agricultural, and industrial buildings and equipment .

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Russell K. Collins, President, Treasurer

Name and Title: _____

Address 1881 Levi H Kennedy Road
Reidsville, GA 30453

Address: _____

Name and Title: Lee W. Burkhalter, Vice President, Secretary

Name and Title: _____

Address 833 Mosely Bridge Road
Claxton, GA 30417

Address: _____

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: Russell K. Collins
Address: 234 State Road 16
St. Augustine, FL 32084

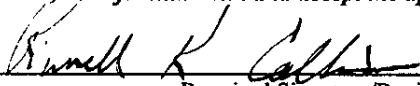
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

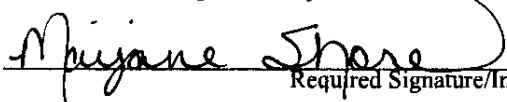
Name: Mari-jane Shore
Address: 234 State Road 16
St. Augustine, FL 32084

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

 2/19/2013
Required Signature/Registered Agent 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.

 2/19/2013
Required Signature/Incorporator Date