

P13000019801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

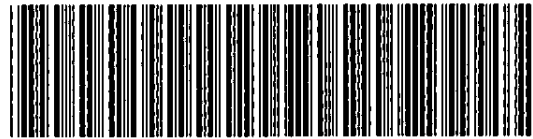
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR -1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

3/1/13

COVER LETTER

FILED

13 MAR -1 PM 1:37

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: James Lockler Construction, 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: James G. Lockler

Name (Printed or typed)

9001 Warbler Road

Address

Tallahassee, FL 32305

City, State & Zip

841-0935

Daytime Telephone number

Jessica@raglovercpa.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: James Lockler Construction, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, to Secretary of State
TALLAHASSEE FLORIDA

9001 Warbler Road

Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction

ARTICLE IV SHARES

The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James G. Lockler - President & VP

Name and Title: _____

Address 9001 Warbler Road

Address: _____

Tallahassee, FL 32305

Name and Title: William S. Gueltzow - Secretary

Name and Title: _____

Address 9001 Warbler Road

Address: _____

Tallahassee, FL 32305

Name and Title: Gary T. Reid - Treasurer

Name and Title: _____

Address 424 Richview Pl Cir E

Address: _____

Tallahassee, FL 32317

(cont.)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

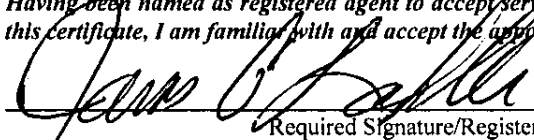
Name: James G. Lockler
Address: 9001 Warbler Road
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

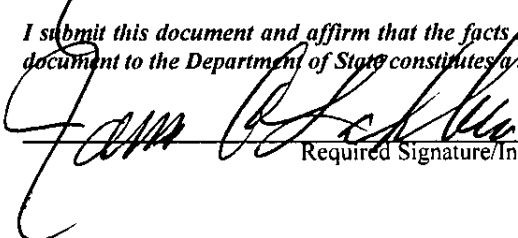
Name: James G. Lockler
Address: 9001 Warbler Road
Tallahassee, FL 32305

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

2-26-13
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

2-26-13
Date