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	Requestor's Name)	
	,	
	Address)	
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	Address)	
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	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
. (	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	status
Special Instructions	to Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT:	Florida	Cordage Corporation
,		(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 CO	

FROM:	William R. Healy
i itom.	Name (Printed or typed)
-(	9121 Chula Vista St. Unit 12201
_	Address
	Naples, FL 34113
_	City, State & Zip
•	312 315-4166
_	Daytime Telephone number
<u>j</u>	jay@erinrope.com

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)

The name of the corporat	tion shall be: Florida Cordage C	orporation	
	NCIPAL OFFICE Principal street address Sta St. Unit 12201	M	Mailing address, if different is:
Naples, Florid	a 34113		
The purpose for which the of the sale of f	POSE he corporation is organized is: Sales Consequence	orporation	for Commissions
-			
ARTICLE IV SHA	RES 10,000		13 HAR - TALLAHA
The number of shares of	stock is:		ARY OF
	<u>TAL OFFICERS AND/OR DIRECTOR:</u> James Doherty, President		PH 12: 50
Address	9121 Chula Vista St. Unit 12201	Address: _	P
	Naples, Florida 34113	_	
		-	
Name and Title:		Name and Title:_	
Address		Address: _	_
		-	
		_	
Name and Title:		Name and Title:_	
Address		Address: _	
		-	

FILED

Name and	Title:	Name and Title:	13 MAR - 8 PM 12: 50
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VI The name and Flo Name:	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of  William R. Healy	the registered agent i	is:
Address:	9121 Chula Vista St. Unit 12201 Naples, Florida 34113		
ARTICLE VII The name and add	INCORPORATOR  Iress of the Incorporator is:  James Doherty		
Address:	9121 Chula Vista St. Unit 12201 Naples, Florida 34113		
	ed as registered agent to accept service of process m familiar with and accept the appointment as region Required Signature/Registered Agent		
document to the D	ment and affirm that the facts stated herein are to separtment of State constitutes a third degree felong the Required Signature/Incomporator		