

P13000026239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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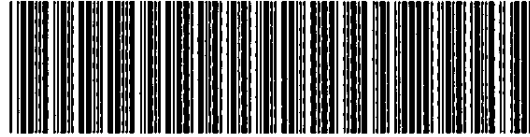
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/13--01012--008 **78.75

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13 MAR 20 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 03/21/13

COVER LETTER

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

SUBJECT: **Phillips Equipment 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: **John Phillips**

Name (Printed or typed)

6900 carissa circle

Address

west palm Beach, Fl 33406

City, State & Zip

954-214-4450

Daytime Telephone number

jdpsr623@aol.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: Phillips Equipment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

John Phillips

6900 carissa circle

west palm beach, fl 33406

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction and other legal services

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Phillips Pres.

Name and Title: N/A

Address: 6900 Carissa circle
West Palm Beach
Fl, 33406

Address: _____

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

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PALM BEACH, FLORIDA

(cont.)

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John Phillips
Address: 6900 Carissa Circle
WPB, FI 33406

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Phillips
Address: 6900 Carissa Circle
WPB, FI 33406

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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

 02/28/13
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.

 02/28/13
Required Signature/Incorporator Date