

P13000026261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

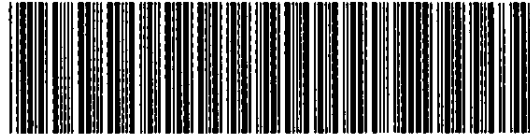
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED "TITLE"
OF OFFICER TO READ
"PRESIDENT" PER
TELEPHONE CONVERSATION
WITH VIRGIL THOMPSON.
K 03/21/13

Office Use Only



500245815925

03/20/13--01012--014 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 20 PM 3:18

FILED

K 03/21/13

COVER LETTER

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

SUBJECT: Southern Son Grade Services, 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: Virgil Thompson

Name (Printed or typed)

4715 15th Ave East

Address

Palmetto, FL 34221

City, State & Zip

941-301-3051

Daytime Telephone number

SFitzgerald46@tampabay.rr.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 Son Grade Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4715 15th Ave East
Palmetto, FI 34221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Grading of land

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Virgil Thompson president

Name and Title: Lydia Thompson vice president

Address: 4715 15th ave east
Palmetto, FI 34221

Address: 4715 15th Ave east
Palmetto FI 34221

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Virgil Thompson
Address: 4715 15th Ave east
Palmetto FL 34221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Virgil Thompson
Address: 4715 15th Ave East
Palmetto FI 34221

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Virgil Thompson
Required Signature/Registered Agent

3-14-13
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.

Virgil Thompson
Required Signature/Incorporator

3-14-13
Date