

P13000049694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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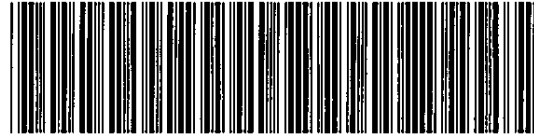
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUN -7 PM 3:33

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6/7/13

COVER LETTER

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

SUBJECT: SOUTHERN STEEL SOLUTIONS 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:

BROWARD WADE WILKES  
Name (Printed or typed)

5952 FOX RD.  
Address

TALLAHASSEE FLORIDA, 32305  
City, State & Zip

850-570-4348  
Daytime Telephone number

BROWARDWILKES@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 STEEL SOLUTIONS INC,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5952 Fox RD  
TALL. FLA. 32305

' SAME '

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SCREEN ENCLOSURES  
HAND RAILS, GAUDD RAILS

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BROWARD W. WILKES <sup>PRESIDENT</sup> Name and Title: Dalton Hall <sup>vice president</sup>

Address: 5952 Fox RD Address: \_\_\_\_\_  
TALL. FLA. "Same"  
32305

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: BROWARD W. WILKES  
Address: 5952 FOX RD.  
TALL. FLA 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BROWARD W. WILKES  
Address: 5952 FOX RD.  
TALL. FLA. 32305

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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

B. Wilkes  
Required Signature/Registered Agent

6/7/2013  
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.

B. Wilkes  
Required Signature/Incorporator

6/7/2013  
Date