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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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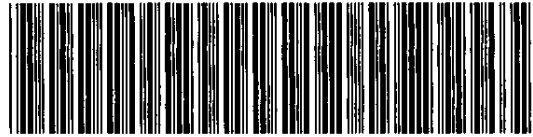
(Business Entity Name)

(Document Number)

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

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13 JUN 24 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 MD 6/25

## COVER LETTER

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

**SUBJECT:** Cummings Design & Engineering, P.A.  
(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:** Mason Cummings  
Name (Printed or typed)  
6451 W. Honey Hill Ln.  
Address  
Crystal River, FL 34428  
City, State & Zip  
(352) 634-0679  
Daytime Telephone number  
masonc530@gmail.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: Cummings Design & Engineering, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6451 W. Honey Hill Ln.

Crystal River, FL 34428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide design and professional engineering services to businesses and individuals. Most of the work will be contracting services provided to large corporations.

18 JUN 24 AM 11:11  
CLERK OF DISTRICT COURT  
ALABAMA  
STATE OF ALABAMA  
JULY 8 2024

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mason A. Cummings Name and Title: \_\_\_\_\_

Address: 6451 W. Honey Hill Ln. Address: \_\_\_\_\_

Crystal River, FL \_\_\_\_\_

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: Mason A. Cummings

Address: 6451 W. Honey Hill Ln.  
Crystal River, FL 34428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mason Cummings

Address: 6451 W. Honey Hill Ln.  
Crystal River, FL 34428

*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*

Mason A. Cummings  
Required Signature/Registered Agent

6/6/2013  
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.*

Mason A. Cummings  
Required Signature/Incorporator

6/6/2013  
Date

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