

P13000057440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

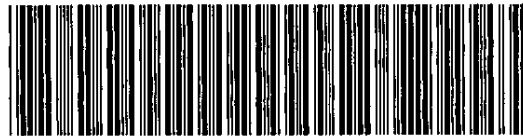
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 7/8

COVER LETTER

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

SUBJECT: Silver Pines Ranch 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Nancy H. Crenshaw

Name (Printed or typed)

18133 Thomas Blvd.

Address

Hudson, FL 34667

City, State & Zip

813-431-3883

Daytime Telephone number

silverpinesranch@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: Silver Pines Ranch Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18133 Thomas Blvd

Hudson, Fl 34667

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Event and wedding venue

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy H.Crenshaw,P,S,T

Name and Title: David B. Crenshaw, VP

Address 18133 Thomas Blvd
Hudson, Fl 34667

Address: 18133 Thomas Blvd
Hudson, Fl 34667

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: Nancy H. Crenshaw

Address: 18133 Thomas Blvd

Hudson, FI 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Nancy H. Crenshaw

Address: 181833 Thomas Blvd

Hudson, FI 34667

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DEPT. 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



Required Signature/Registered Agent

06-26-2013

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.



Required Signature/Incorporator

06-26-2013

Date