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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/11

COVER LETTER

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

SUBJECT: SMITH BROTHERS OF LAKE CITY 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: WILLIAM S SMITH
Name (Printed or typed)
596 FROGS GLEN
Address
LAKE CITY, FL 32055
City, State & Zip
3862886280
Daytime Telephone number
pruittveda@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: SMITH BROTHERS OF LAKE CITY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

596 FROGS GLEN

LAKE CITY

FLORIDA 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

STARTED NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM S SMITH

Name and Title: PRESIDENT

Address 596 FROGS GLEN

Address: _____

LAKE CITY

FLORIDA 32055

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont)

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: WILLIAM S SMITH
Address: 596 FROGS GLEN
LAKE CITY, FL. 32055

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ARTICLE VII INCORPORATOR

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

Name: VEDA PRUITT
Address: 707 SW NURSERY RD
LAKE CITY, FL. 32055

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

6/24/2013

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

6/24/2013

Date

Veda Pruitt