

P13000073936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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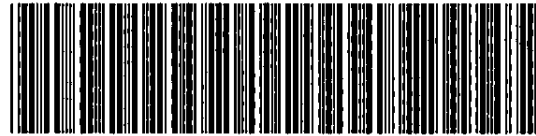
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
13 SEP 10 PM 1:04
DIVISION OF CORPORATIONS

FILED
13 SEP 10 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pc 9/11/13

COVER LETTER

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

SUBJECT: **ACCURATE LOCATING 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: **Rosier & Company**
Name (Printed or typed)
PO Box 16375
Address
Tallahassee, FL 32317
City, State & Zip
850-877-6362
Daytime Telephone number
shannon@rosierco.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: ACCURATE LOCATING SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1882 Capital Circle NE Ste. 102

Tallahassee, FL 32308

Mailing address, if different is

P.O. Box 12158

Tallahassee, FL 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all legal business surrounding but not
not limited to Underground Utility locating services.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ 0.01 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ela A. Rosier, President

Address: 1717 Valley Road
Tallahassee, FL 32301

Name and Title: Shannon Rosier, Secretary

Address: 1717 Valley Road
Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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Name and Title: _____ Name and _____
Address _____ Address: **13 SEP 10 AM 8:26**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ela Rosier
Address: 1882 Capital Cir. NE Ste 102
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon Rosier
Address: PO Box 16375
Tallahassee, FL 32317

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

X 
Required Signature/Registered Agent

9/10/2013
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

9/10/13
Date