

P/3000093991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

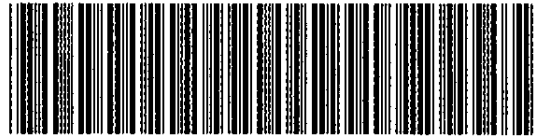
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/18/13--01024--006 **70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 18 PM 12:42

[Handwritten Signature]
11/19/13

COVER LETTER

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

SUBJECT: Southern Tremie, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Anthony Myers

Name (Printed or typed)

P.O. Box 279

Address

Mascotte, FL 34753

City, State & Zip

352-250-7212

Daytime Telephone number

anthony@southerntremie.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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 18 PM 12:42

ARTICLE I NAME

Southern Tremie, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

8140 Calvin Lee Road

Groveland, FL 34736

Mailing address, if different is:

P.O. Box 279

Mascotte, FL 34753

ARTICLE III PURPOSE

Construction Business

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Anthony Myers / President

Name and Title:

Name and Title:

Address

8140 Calvin Lee Road

Address:

Groveland, FL 34736

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Anthony Myers

Address: 8140 Calvin Lee Road

Groveland, FL 34736

ARTICLE VII INCORPORATOR

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

Name: Anthony Myers

Address: 8140 Calvin Lee Road

Groveland, FL34736

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

10/01/2013

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

10/01/2013

Date