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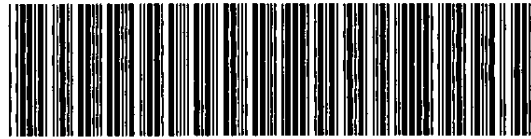
(Business Entity Name)

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COVER LETTER

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

SUBJECT: FULL PENETRATION WELDING & FABRICATION, 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: DALLAS MAYNARD
Name (Printed or typed)
242 W. HWY 316
Address
CITRA, FL. 32113
City, State & Zip
904-505-5205
Daytime Telephone number
FULLPENETRATIONWELDING@YAHOO.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: FULL PENETRATION WELDING & FABRICATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

242 W. HWY 316

CITRA, FL. 32113

Mailing address, if different is:

242 W. HWY 316

CITRA, FL. 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WELDING & FABRICATION SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DALLAS MAYNARD - PRES.

Address: 242 W. HWY 316

CITRA, FL. 32113

Name and Title: _____

Address: _____

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: DALLAS MAYNARD
Address: 242 W. HWY 316
CITRA, FL. 32113

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DALLAS MAYNARD
Address: 242 W. HWY 316
CITRA, FL. 32113

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

* Dallas Maynard _____ * 11/15/13 _____
Required Signature/Registered Agent 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.

* Dallas Maynard _____ * 11/15/13 _____
Required Signature/Incorporator Date