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COVER LETTER

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

SUBJECT: FULL CIRCLE PRODUCTS 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: TERRENCE BUTTERWORTH
Name (Printed or typed)

6232 N. MIRROR LK DR. UNIT 602
Address

SEBASTIAN FL 32958
City, State & Zip

772 321 9633
Daytime Telephone number

TR BUTTER @ 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 CIRCLE PRODUCTS INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
6232 N. MIRROR LK DR #602	
SEBASTIAN FL 32958	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

RETAIL SALES FROM A FIXED LOCATION

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERRENCE BUTTERWORTH P
Address: 6232 N. MIRROR LK DR
SEBASTIAN FL 32962
PRES.

Name and Title: JOEL BUTTERWORTH D
Address: 2085 WINDWARD WAY
VERO BEACH FL 32960
SEC.

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(contd.)

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: JOEL BUTTERWORTH

Address: 2085 WINDWARD WAY

VERO BEACH FL 32960

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ARTICLE VII INCORPORATOR

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

Name: TERRENCE BUTTERWORTH

Address: 6232 N MIRROR LK. DR. 602

SEBASTIAN FL 32958

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

Terrence Butterworth — 1/27/14

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.

Joel Butterworth — 1/27/14

Required Signature/Incorporator — Date

JOEL BUTTERWORTH