

P140000 11270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

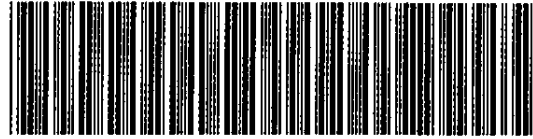
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

TS 2/6/14



200256038932

01/31/14--01013--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 31 PM 1:54

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 9433
Daytime Telephone number

TR BUTTEL @ 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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TERRENCE BUTTERWORTH

Address: 6232 N. MIRROR LK DR

SEBASTIAN FL 32962

PRES.

Name and Title: JOEL BUTTERWORTH

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: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 31 PM 1:54

(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: JOEL BUTTERWORTH
Address: 2085 WINDWARD WAY
VERO BEACH FL 32960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERRENCE BUTTERWORTH
Address: 6232 N MIKRO 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
Required Signature/Registered Agent

1/27/14
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 §817.155, F.S.

Joel Butterworth
Required Signature/Incorporator
JOEL BUTTERWORTH

1/27/14
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 31 PM 1:54