

PH00004989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

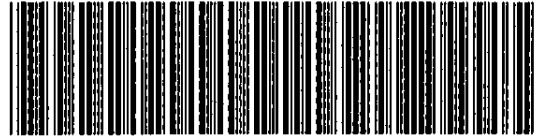
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 14 PM 2:30  
OFFICE OF STATE  
ATTORNEY FLORIDA

MD 2/18

**COVER LETTER**

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

**SUBJECT: SLAUGHTER FIBERS 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: CLINTON SLAUGHTER**  
 Name (Printed or typed)

**104 MACON ROAD**  
 Address

**PALATKA FL. 32177**  
 City, State & Zip

**386-937-8136**  
 Daytime Telephone number

**SLAUGHTERFIBERS@GMAIL.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: SLAUGHTER FIBERS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

104 MACIN ROAD

PALATKA FL. 32177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROCESSING OF WOOD CHIPS AND  
RELATRED PRODUCTS.

14 FEB 14 PM 2:38  
STATE OF FLORIDA  
ADJUTANT GENERAL

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000. SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLINTON SLAUGHTER PRESIDENT

Name and Title: LINDA SLAUGHTER SEC. TREAS.

Address: 4027 BROWN LANDING RD.  
PALATKA FL, 32177

Address: 104 MACON ROAD  
PALATKA FL. 32177

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(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: LINDA SLAUGHTER  
 Address: 104 MACON RD.  
PALATKA FL. 32177

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLINTON SLAUGHTER  
 Address: 4027 BROWN LANDING ROAD  
PALATKA FL 32177

*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*

Linda Slaughter  
 Required Signature/Registered Agent

02-10-2014  
 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.*

[Signature]  
 Required Signature/Incorporator

02-10-2014  
 Date