

PH00004989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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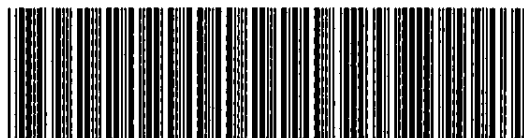
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, 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.**

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MACON, FLORIDA

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**

Address

4027 BROWN LANDING RD.**PALATKA FL, 32177**Name and Title: **LINDA SLAUGHTER SEC. TREAS.**

Address:

104 MACON ROAD**PALATKA FL. 32177**

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(conti.)

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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 ALLAHASSEE, 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