

PI4000031577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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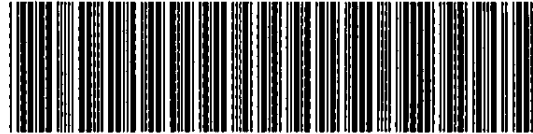
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 APR -4 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/9/14

ORIGINAL

COVER LETTER

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

SUBJECT: sUAS Solutions, 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: Billy Joe Meadows
Name (Printed or typed)
3023 SHADY DRIVE
Address
JACKSONVILLE FLORIDA 32257
City, State & Zip
904 705 2484
Daytime Telephone number
billy.j.meadows@att.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

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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: sUAS Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3023 Shady Drive
Jacksonville Florida
32257

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MAILING ADDRESS, IF DIFFERENT IS:
STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- (1) To provide sUAS and UAS solutions to customer problems and needs, etc.
- (2) To provide any support and equipment, etc. that a customer may want or need, etc.
- (3) To provide any other product or activity, etc. that a customer may want or need, etc.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILLY MEADOWS President

Name and Title: _____

Address 3023 Shady Drive
Jacksonville FL 32257

Address: _____

Name and Title: Billy Meadows Secretary

Name and Title: _____

Address 3023 Shady Drive
Jacksonville FL
32257

Address: _____

Name and Title: Billy Meadows Treasurer

Name and Title: _____

Address 3023 Shady Dr
Jacksonville FL
32257

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: BILLY MEADOWS
Address: 3023 Shady Drive
Jacksonville Florida
32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BILLY MEADOWS
Address: 3023 SHADY DRIVE
JACKSONVILLE FLORIDA
32257

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

Billy Joe Meadows BILLY JOE MEADOWS 3/2/14
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.

Billy Joe Meadows BILLY JOE MEADOWS 3/2/14
Required Signature/Incorporator Date

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