

P. 14/000043257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

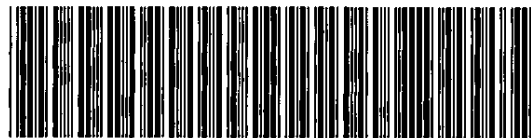
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/14--01033--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 12 PM 12:10

[Handwritten signature]

COVER LETTER

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

SUBJECT: FATHER AND SON TROTTERS, 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: FATHER AND SON TROTTERS, INC.

Name (Printed or typed)

14510 NW 147th COURT

Address

WILLISTON FL 32696

City, State & Zip

352/206-5605

Daytime Telephone number

arthur55570@hotmail.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: FATHER AND SON TROTTERS, INC

SECRETARY OF STATE
DIVISION OF INCORPORATION
14 MAY 12 PM 12:10

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14510 NW 147th COURT
WILLISTON FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTHUR P MERGENHAGEN, PRESIDENT Name and Title: _____

Address 14510 NW 147th COURT Address: _____
WILLISTON FL 32696

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:

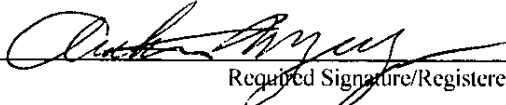
Name: ARTHUR MERGENHAGEN
Address: 14510 NW 147th COURT
WILLISTON FL 32696

ARTICLE VII INCORPORATOR

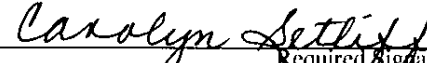
The **name and address** of the Incorporator is:

Name: Carolyn Setliff
Address: 3035 SE Maricamp Road, #108
Ocala FL 4471

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

 _____ 5/6/14
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.

 _____ 5/5/2014
Required Signature/Incorporator Date

(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:

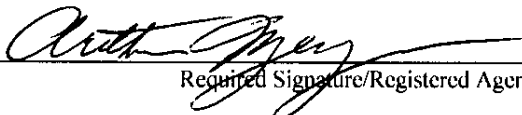
Name: ARTHUR MERGENHAGEN
Address: 14510 NW 147th COURT
WILLISTON FL 32696

ARTICLE VII INCORPORATOR

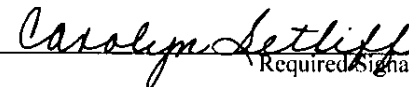
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