

P. 14/000043257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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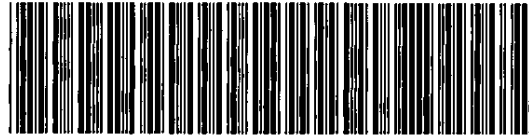
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

5/14

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**

ARTICLE II PRINCIPAL OFFICE

Principal street address

14510 NW 147th COURT

WILLISTON FL 32696

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address **14510 NW 147th COURT**

WILLISTON FL 32696

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

(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:

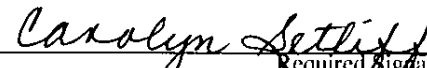
Name: Carolyn Setliff
Address: 3035 SE Maricamp Road, #108
Ocala FL 4471

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


Required Signature/Registered Agent

5/6/14
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 s.817.155, F.S.


Required Signature/Incorporator

5/5/2014
Date

(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:

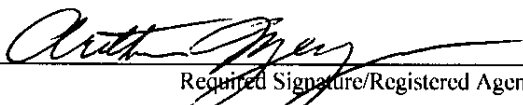
Name: ARTHUR MERGENHAGEN
Address: 14510 NW 147th COURT
WILLISTON FL 32696

ARTICLE VII INCORPORATOR

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

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Required Signature/Incorporator

5/5/2014
Date