

PK1000052993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

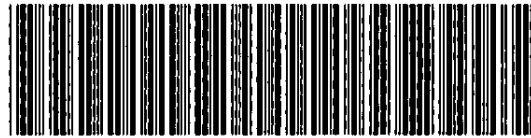
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260359427

06/16/14--01027--013 **87.50

FILED
14 JUN 16 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD-6/18

COVER LETTER

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

SUBJECT: Orange County Pottys 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James E. Stoddard Sr.

Name (Printed or typed)

PO BOX 1103

Address

Windermere, FL 34786

City, State & Zip

407-230-8645

Daytime Telephone number

stoddardplumbing@aol.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: Orange County Pottys Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

341 Franklin St.

Ocoee, FL 34761

Mailing address, if different is:

PO Box 1103

Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose of operating a portable toilet business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James E. Stoddard Sr.

Address: 1624 Pontiac Ct.

Orlando, FL 32808

Name and Title: Joseph M. Stoddard

Address: 1632 Pontiac Ct.

Orlando, FL 32808

Name and Title: James E. Stoddard Jr.

Address: PO Box 1103

Windermere, FL 34786

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
14 JUN 16 AM 8:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE

(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: James E. Stoddard Sr.
Address: 1624 Pontiac Ct.
Orlando, FL 32808

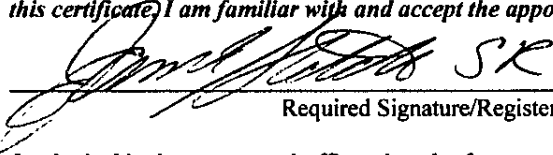
FILED
14 JUN 16 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph M. Stoddard
Address: 1632 Pontiac Ct.
Orlando, FL 32808

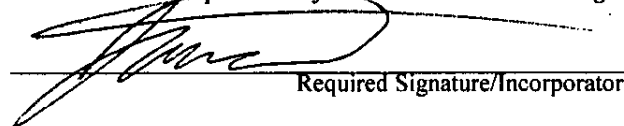
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/12/2014

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.


Required Signature/Incorporator

06/12/2014

Date