

PA000056916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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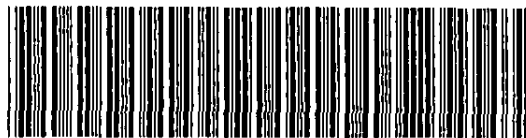
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
2014 JUL -2 PM 2:23  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
14 JUL -2 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Southeastern Commodities Corporation, 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: Ray Stiff  
Name (Printed or typed)  
161 Steen Rd.  
Address  
Monticello, FL 32344  
City, State & Zip  
850-508-4372  
Daytime Telephone number  
RayJStiff@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:

Southeastern Commodities Corporation, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1161 Steen Road  
Monticello, FL  
32344

1400 Village Square Bldg.  
#253  
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ray Stiff President

Address

1161 Steen Rd  
Monticello, FL  
32344

Name and Title:

Address:

Name and Title:

Keily Stiff member

Address

1161 Steen Rd  
Monticello, FL  
32344

Name and Title:

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL -2 PM 2:45

APPROVED  
AND  
FILED

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:

William Woodyard

Address:

2917 EDENDERRY DRIVE

TALLAHASSEE, FL 32309

**ARTICLE VII INCORPORATOR**

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

Name:

Ray Stiff

Address:

161 Steen Rd

32344

*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*

William Woodyard II

Required Signature/Registered Agent

*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.*

Ray J Stiff

Required Signature/Incorporator

FILED  
TALLAHASSEE, FLORIDA  
JUL 14 2 24 PM  
14  
Date  
Date