

P14 000057607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

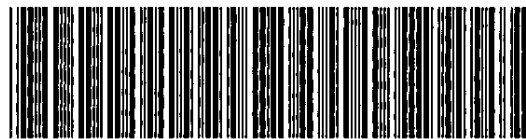
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -3 AM 10:01

\*0003  
7/7/14

## COVER LETTER

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

**SUBJECT:** Southern Meat Sales, 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:** Clay Lee

Name (Printed or typed)

4682 Carlton Dunes Dr., Unit 7

Address

Fernandina Beach, Florida 32034

City, State & Zip

912-632-1183

Daytime Telephone number

pam.gunn@floridabeefinc.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: Southern Meat Sales, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

4682 Carlton Dunes Dr, Unit 7  
Fernandina Beach, FL 32034

Mailing address, if different is:

231 W. 12th Street  
Alma, GA 31510

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: for the purchase and sale of meat and any other  
purpose permitted under the Florida Business Corporation Code.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Clay Lee / President

Address: Carlton Dunes Dr. Unit 7  
Fernandina Beach, FL 32034

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL - 3 PM 01:01

(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: Clay Lee

Address: 4682 Carlton Dunes Dr Unit 7

Fernandina Beach, FL 32034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Clay Lee

Address: 4682 Carlton Dunes Dr Unit 7

Fernandina Beach, FL 32034

*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*

Clay Lee

Required Signature/Registered Agent

07/02/2014

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.*

Clay Lee

Required Signature/Incorporator

07/02/2014

Date