

P14000058515

(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



000261467200

RECEIVED
DEPARTMENT OF STATE

14 JUL - 9 AM 10: 41

FILED

14 JUL - 9 AM 8: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/10/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 208255 4731395

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : July 8, 2014

ORDER TIME : 8:43 AM

ORDER NO. : 208255-010

CUSTOMER NO: 4731395

DOMESTIC FILING

NAME: SAWMILL CAPITAL CORP

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: _____

FILED
14 JUL -9 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

17 JUL -9 AM 8:23

ARTICLE I NAME Sawmill Capital Corp
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Naples, FL 34113

ARTICLE III PURPOSE Residential Home Building
The purpose for which the corporation is organized is:

The number of shares of stock is: 200

Name and Title: Anthony Sabino, President

Address 6630 Alden Woods Circle

Naples, FL 34113

Name and Title: Anthony Sabino, Director

Address 6630 Alden Woods Circle

Naples, FL 34113

Name and Title:

Address

(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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Sabino
Address: 6630 Alden Woods Circle
Naples, FL 34113

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

By: Emily Green Asst VP 7/9/14
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.

[Signature] 7/8/14
Required Signature/Incorporator Date

FILED
14 JUL -9 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA