

P14000090896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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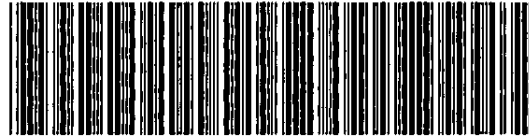
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/14--01003--010 **70.00

APPROVED
AND
FILED

14 NOV -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Inlet Protection Services, 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: Teresa N Dotts

Name (Printed or typed)

5740 Bittersweet Drive

Address

Holiday, FL 34690

City, State & Zip

727-647-5968

Daytime Telephone number

teresadotts3@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)

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ARTICLE I NAME

The name of the corporation shall be: Inlet Protection Services, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5740 Bittersweet Drive
Holiday, FL 34690

Mailing address, if different is:

P.O. Box 2781

Tarpon Springs, FL 34688-2781

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Teresa N Dotts, PD

Address: 5740 Bittersweet Dr
Holiday, FL 34690

Name and Title: Glenn Dotts, DIR

Address: 5740 Bittersweet Dr
Holiday, FL 34690

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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AND
FILED

(conti.)

14 NOV -5 PM 2:58

| | |
|-----------------------|------------------------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: <u>SECRETARY OF STATE</u> |
| _____ | <u>TALLAHASSEE, FLORIDA</u> |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Teresa N Dotts
Address: 5740 Bittersweet Dr
Holiday, FL 34690

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Teresa N Dotts
Address: 5740 Bittersweet Dr
Holiday, FL 34690

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

| | |
|-------------------------------------|----------------|
| <u>Teresa N. Dotts</u> | <u>11-3-14</u> |
| 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.

| | |
|---------------------------------|----------------|
| <u>Teresa N. Dotts</u> | <u>11-3-14</u> |
| Required Signature/Incorporator | Date |