

P/400/10968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

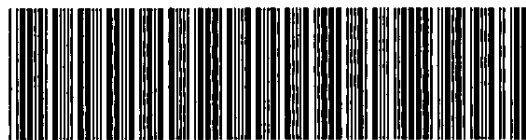
(Document Number)

Certified Copies ☒

Certificates of Status ☒

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 1 9 2014

S. GILBERT

COVER LETTER

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

SUBJECT: Hwy 70 east 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: Bruce Travis
Name (Printed or typed)

383 S.W. leona dr.
Address

port st. Lucie FL 34953
City, State & Zip

772-336-8063
Daytime Telephone number

TR1064@comcast.net
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:

Hwy 70 East inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

383 SW leona dr
port st Lucie
Fl 34953

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide A common
Thread For 3 different D.B.A.
southern comfort Food Truck & catering
no name Ranch
Bush wacker Land clearing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Travis Name and Title: _____

Address 383 S.W leona dr Address: _____
port st Lucie
Fl 34953

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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:

Bruce Trevis

Address:

383 S.W. Leona Dr

Port St Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:


Bruce Trevis

Address:

383 SW Leona Dr

Port St Lucie FL 34953

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

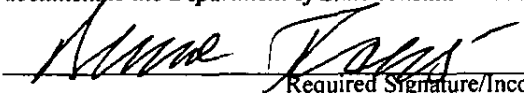


Required Signature/Registered Agent

12-15-14

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

12-15-14

Date