

P15000013147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

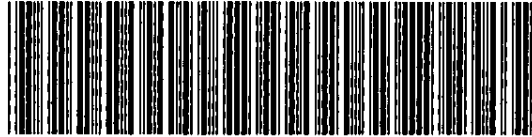
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/15--01017--012 **87.50

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15 FEB -2 PM 3:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

2/9/15

COVER LETTER

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

SUBJECT: Morris & Ericson 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: Carl Doyle
Name (Printed or typed)
1325 N. Lotus Dr.
Address
Dunedin, FL 34698
City, State & Zip
727 430-4353
Daytime Telephone number
hwinspect@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB - 2 PM 3-06

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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: Morris & Ericson Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

1325 N. Lotus Dr.
Dunedin, FL 34698

15 FEB -2 PM 3:06
Mailing address, if different is:

P.O. Box 753
Tarpon Springs, FL 34688

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Construction consulting and field inspections

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Carl Doyle, Pres./ Treasurer</u>	Name and Title:	<u>Georgetta Doyle, V.P./Secretary</u>
Address	<u>1325 N. Lotus Dr.</u> <u>Dunedin, FL 34698</u>	Address:	<u>1325 N. Lotus Dr.</u> <u>Dunedin, FL 34698</u>

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: Carl Doyle

Address: 1325 N. Lotus Dr.

Dunedin, FL 34698

ARTICLE VII INCORPORATOR

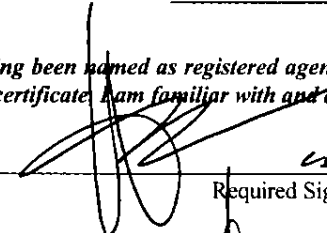
The **name and address** of the Incorporator is:

Name: Carl Doyle

Address: 1325 N. Lotus Dr.

Dunedin, FL 34698

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

1/25/2015

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

1/25/2015

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA