

P15000014520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

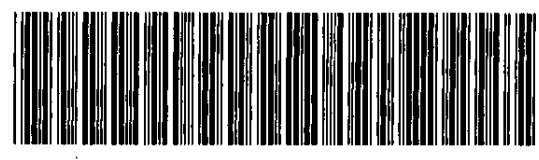
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267470328

01/09/15--01002--015 **78.75

15 FEB 11 AM 9:00
RECEIVED
STATE OF FLORIDA
TALLAHASSEE

1115-2299

MD 2/12

COVER LETTER

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

SUBJECT: F. S., 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Fredrick G. Simcox

Name (Printed or typed)

7480 Henry Ave.

Address

West Melbourne, Florida 32904

City, State & Zip

321-403-1916

Daytime Telephone number

fsimcox@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2015

FREDRICK G. SIMCOX
7480 HENRY AVE.
WEST MELBOURNE, FL 32904

SUBJECT: F.S., INC.
Ref. Number: W15000002299

We have received your document for F.S., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00000672



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2015

FREDRICK G. SIMCOX
7480 HENRY AVE.
WEST MELBOURNE, FL 32904

SUBJECT: F.A.S.T., INC
Ref. Number: W15000002299

We have received your document for F.A.S.T., INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00000672

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: F. S., Inc.

~~F. A. S. T., Inc.~~ SRDW, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7480 Henry Avenue

Same

West Melbourne, FL 32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to do grading and tractor work.

15 FEB 1 11 21 AM '00
COMMERCIAL SERVICE
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 shares common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fredrick G. Simcox, President

Name and Title: Shane Reynolds, Vice President

Address: 7480 Henry Avenue

Address: 7480 Henry Avenue

West Melbourne, FL 32904

West Melbourne, FL 32904

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: Fredrick G. Simcox

Address: 7480 Henry Avenue
West Melbourne, FL 32904

15 FEB 11 AM 9:00
 STATE
 DEPARTMENT OF
 REVENUE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fredrick G. Simcox

Address: 7480 Henry Avenue
West Melbourne, FL 32904

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

Fred G. Simcox

Required Signature/Registered Agent

12-19-14

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.

Fred G. Simcox

Required Signature/Incorporator

12-19-14

Date