

P15600032797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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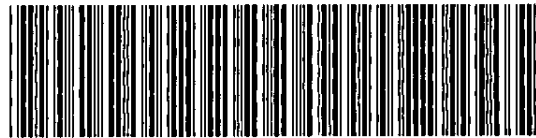
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 APR 10 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

15 APR 10 PM 2:30  
DIVISION OF CORPORATIONS

4/10/15

## COVER LETTER

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

SUBJECT: OVERLAND SOUTH 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: HERMAN R LOWE Jr  
Name (Printed or typed)

1549 KEMP RD  
Address

HAVANA FLA 32333  
City, State & Zip

850-509-2179  
Daytime Telephone number

\_\_\_\_\_  
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: BUERLAND SOUTH INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1549 KEMP RD  
HAVANA FLA 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Energy and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Norman R Lowe Name and Title: President

Address: 1549 KEMP RD Address: \_\_\_\_\_  
HAVANA FLA \_\_\_\_\_  
32333 \_\_\_\_\_

Name and Title: Amy E Lowe Name and Title: Vice President

Address: 1549 KEMP RD Address: \_\_\_\_\_  
HAVANA FLA \_\_\_\_\_  
32333 \_\_\_\_\_

Name and Title: Tommy A Lowe Name and Title: Secretary & Treasurer

Address: 144 Williams Blvd Address: \_\_\_\_\_  
Havana FLA \_\_\_\_\_  
32333 \_\_\_\_\_

(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: Herman R Lowe Jr

Address: 1549 KEMP RD

Homosassa FLA 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Herman R Lowe Jr

Address: 1549 KEMP RD

Homosassa FL 32333

*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*

Herman R Lowe Jr  
Required Signature/Registered Agent

4-10-15  
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.*

Herman R Lowe Jr  
Required Signature/Incorporator

4-10-15  
Date