

P15000057562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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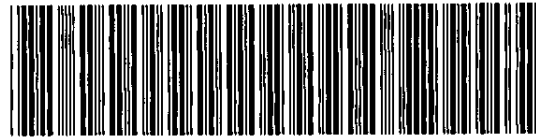
(Business Entity Name)

(Document Number)

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15 JUL 10 PM 3:53
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

7/10/15

ARTICLE
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COVER LETTER

15 JUL 10 PM 4:01

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

RECEIVED
TALLAHASSEE FLORIDA

SUBJECT: 1 ROSE CORPORATION

(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: CLAYTON H. SEADLER

Name (Printed or typed)

180 D. H. CLAY STREET

Address

GAFUNA, FL 32332

City, State & Zip

(850) 251-0368

Daytime Telephone number

CLAYTONS@CDSMANUFACTURING.NET

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

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

ARTICLES
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUL 10 PM 4:01

ARTICLE I NAME

The name of the corporation shall be:

1 ROSE CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

180 D. H. CLAY STREET

SAME

GRETHA, FL 32332

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:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT/SECRETARY

Name and Title: CLAYTON H. SEMBLER

Name and Title:

Address

180 D. H. CLAY STREET

Address:

GRETHA, FL 32332

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
FILED

15 JUL 10 PH 4: 01

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: CLAYTON H. SEMDLER
Address: 180 D. H. CLAY STREET
GAITHER, FL 32332

ARTICLE VII INCORPORATOR

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

Name: CLAYTON H. SEMDLER
Address: 180 D. H. CLAY STREET
GAITHER, FL 32332

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
7/10/15
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.

Required Signature/Incorporator
7/10/15
Date