

P15 000078188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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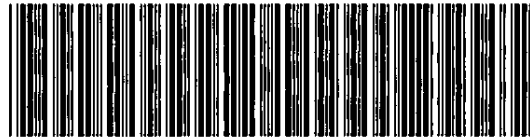
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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15 SEP 14 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

COVER LETTER

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

SUBJECT: Extreme Bush Hogging, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sheryll J. DeSousa

Name (Printed or typed)

42 Moccasin Lane

Address

Hazlehurst, GA 31539

City, State & Zip

912-347-0099

Daytime Telephone number

sherri.jndtractor@gmail.com

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

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

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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: Extreme Bush Hogging, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

107 Mink Drive

Palatka, FL 32177

Mailing address, if different is:

P.O. Box 695

Palatka, FL 32178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide site prep, land clearing services, mowing, bush hogging
erosion control and other dirt work services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alma Rebecca Burkes, President

Name and Title: _____

Address

107 Mink Drive

Address: _____

Palatka, FL 32177

Name and Title: James R. Burkes, Jr., Vice President

Name and Title: _____

Address

104 Louie Lane

Address: _____

Palatka, FL 32177

Name and Title: Sheryll J. DeSousa, Secretary

Name and Title: _____

Address

42 Moccasin Lane

Address: _____

Hazlehurst, GA 31539

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AND
FILED

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alma Rebecca Burkes

Address: 107 Mink Drive

Palatka, FL 32177

ARTICLE VII INCORPORATOR

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

Name: Sheryll J. DeSousa

Address: 42 Moccasin Lane

Hazlehurst, GA 31539

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/08/2015. (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.)

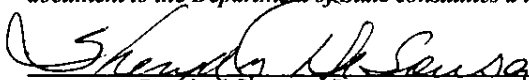
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

09/08/2015
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

09/08/2015
Date