

P15000083185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

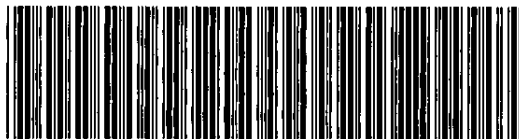
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15 OCT -5 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 02 09

## COVER LETTER

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

**SUBJECT:** Iron Frog, 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: Phillip M. Richie  
Name (Printed or typed)  
968 SW Abingdon Ave  
Address  
Port St Lucie, FL 34953  
City, State & Zip  
410-982-8572  
Daytime Telephone number  
greenironfrog@gmail.com  
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

Iron Frog, Inc.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

968 SW Abingdon Ave

same

Port St Lucie, FL 34953

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to perform various residential construction tasks and to perform other legal activities in an effort to generate income.

## ARTICLE IV SHARES

100

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip M. Richie, President

Name and Title: n/a

Address 968 SW Abingdon Ave

Address:

Port St Lucie, FL 34953

Name and Title: n/a

Name and Title: n/a

Address

Address:

Name and Title: n/a

Name and Title: n/a

Address

Address:

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TALLAHASSEE, FLORIDA

Name and Title: n/a Name and Title: n/a  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Phillip M. Richie  
Address: 968 SW Abingdon Ave  
Port St Lucie, FL 34953

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**ARTICLE VII INCORPORATOR**

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

Name: Phillip M. Richie  
Address: 968 SW Abingdon Ave  
Port St Lucie, FL 34953


**ARTICLE VIII EFFECTIVE DATE:** September 16, 2015

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

9/16/2015  
\_\_\_\_\_  
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

9/16/2015  
\_\_\_\_\_  
Date