

P15000085825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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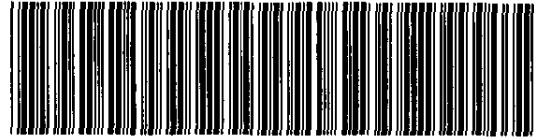
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: S. S. Burr Cap.  
(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: Stephen Scott Burr  
Name (Printed or typed)

P.O. Box 3355  
Address

Stuart, FL 34995  
City, State & Zip

(772) 501. 7061  
Daytime Telephone number

felecia.bryant@yahoo.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**

The name of the corporation shall be:

S.S. Burr Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7320 Tintern Cir. S  
Jacksonville, FL 32244

P.O. Box 3355  
Stuart, FL 34995

**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:

one

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

Name and Title: Stephen S. Burr

Name and Title: \_\_\_\_\_

Address

CEO

Address: \_\_\_\_\_

P.O. Box 3355

Stuart, FL 34995

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 OCT 12 PM 1:50

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: Stephen S. Burr

Address: 1250 SE Parkview Pl C-1  
Stuart, FL 34994

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Felecia D. Bryant

Address: 1250 SE Parkview Pl. C-1  
Stuart, FL 34994


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-01-15 (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

10-5-15  
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

10-5-15  
Date