

P15000086406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

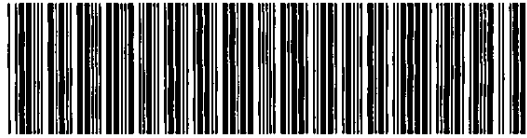
(Document Number)

Certified Copies _____ Certificates of Status _____

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W15-43733

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15 OCT 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Burch OCT 20 2015

COVER LETTER

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

SUBJECT: S&S Property Enterprise 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: Lionel Southward

Name (Printed or typed)

607 Hickory Avenue

Address

Sanford, FL 32771

City, State & Zip

407 314 6564

Daytime Telephone number

lionelsouthward@gmail.com

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

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



RECEIVED

15 OCT 19 PM 12:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2015

LIONEL SOUTHWARD
607 HICKORY AVE
SANFORD, FL 32771

SUBJECT: S&S PROPERTY ENTERPRISE INC
Ref. Number: W15000063733

We have received your document for S&S PROPERTY ENTERPRISE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00020177

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: SIS Property Enterprise Sanford Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

607 Hickory Avenue

Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Handy man services, Rehab and construction of buildings.

ARTICLE IV SHARES

The number of shares of stock is: 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lionel Southward Sr., President

Name and Title: Katrina Southward, VP

Address: 607 Hickory Avenue

Address: 607 Hickory Avenue

Sanford, FL 32771

Sanford, FL 32771

Name and Title: Veronica Southward, Secretary

Name and Title: Lionel Southward, Jr., Treasurer

Address: 607 Hickory Avenue

Address: 607 Hickory Avenue

Sanford, FL 32771

Sanford, FL 32771

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Lionel Southward Sr.
Address: 607 Hickory Avenue
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lionel Southward Sr.
Address: 607 Hickory Avenue
Sanford, FL 32771

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TALLAHASSEE, FLORIDA

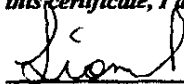
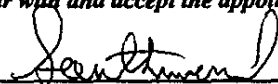
ARTICLE VIII EFFECTIVE DATE:

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

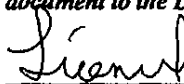
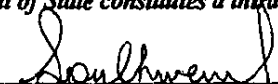
 

Required Signature/Registered Agent

09/10/2015

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

09/10/2015

Date