

P/6000017044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

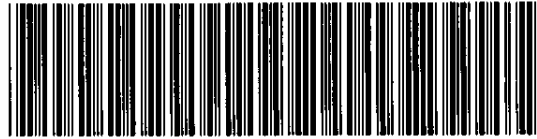
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 24 PM 12:14

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AND
FILED

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a 02/24/16

February 23, 2016

Storm Management Solutions Inc.

Document Number P14000063023

To whom it may concern,

Please see attached paperwork for a new filing for Storm Management Solutions, Inc.

We have no intent to reinstate the dissolved company, Storm Management Solutions Inc. Document Number P14000063023.

We have included payment and proper forms for a new filing of Storm Management Solutions Inc.

Thank you for your assistance with this matter.

Sincerely,



Suzanne Smith

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Storm Management Solutions 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
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: Suzanne Smith

Name (Printed or typed)

13900 County Road 455 Suite 107-112

Address

Clermont, Florida 34711

City, State & Zip

407-917-8990

Daytime Telephone number

stormmanagementsolutions@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

The name of the corporation shall be: Storm Management Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13900 County Road 455 Suite 107-112

Clermont, Florida 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General and all business.

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TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzanne Smith, President

Name and Title: _____

Address 13900 County Road 455 Suite 107-112

Address: _____

Clermont, Florida 34711

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Suzanne Smith
Address: 13900 County Road 455 Suite 107-112
Clermont, Florida 34711

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Suzanne Smith
Address: 13900 County Road 455 Suite 107-112
Clermont, Florida 34711

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/16/16 (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
2/23/2016
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
2/23/2016
Date