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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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16 APR - 6 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UH

## COVER LETTER

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

**SUBJECT:** Schmidt Reforestation Services, 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:** Robert Savell Schmidt  
\_\_\_\_\_  
Name (Printed or typed)  
  
2136 Walter Schmidt Lane  
\_\_\_\_\_  
Address  
  
Perry, FL 32348  
\_\_\_\_\_  
City, State & Zip  
  
850-843-1181  
\_\_\_\_\_  
Daytime Telephone number  
  
bsagner@hotmail.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Schmidt Reforestation Services, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2136 Walter Schmidt Lane  
Perry, FL 32347

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to start a reforestation business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Robert Savell Schmidt Name and Title:

Address 2136 Walter Schmidt Lane Address:

Perry, FL 32348

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Bonnie Sue Agner  
Address: 2450 W. Fair Rd.  
Perry, FL 32347

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Savell Schmidt  
Address: 2136 Walter Schmidt Lane  
Perry, FL 32347

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 2016. (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*

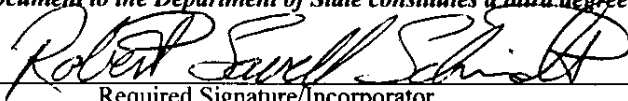


Required Signature/Registered Agent

4/4/16

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

4/4/16

Date