

P. 1600033226

\_\_\_\_\_  
(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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FEBRUARY 11 2016  
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16 APR 11 PM 2:56

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4/14/16

## COVER LETTER

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

SUBJECT: PHIL ROC SALES CORP  
(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: Philip CARNEY  
Name (Printed or typed)

60 HORSESHOE FALLS DR  
Address

ORMOND BEACH FL 32174  
City, State & Zip

386 682-2373  
Daytime Telephone number

JODASHANN@AOL.COM  
E-mail address: (to be used for future annual report notification)

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

16 APR 11 PM 2:55

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THOMAS K MITCHELL  
FINANCIAL SERVICES CORP.  
59 SEACREST DRIVE  
ORMOND BEACH, FL 321764  
(386) 453-9477 Cell  
(386 441-1755 Fax  
tom\_mitch00@hotmail.com

Income Tax Preparation  
Personal, Business, LLC,  
& Corp. Tax Returns  
Forensic financial analysis

IRS Troubleshooter  
Negotiations with the IRS  
Resolution of IRS problems  
Release of IRS Levy

*APRIL 06, 2016*

To: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Subject: New Corporation PHIL ROC SALES CORP.

Reference: Old Corporation PHOL ROC SALES INC.

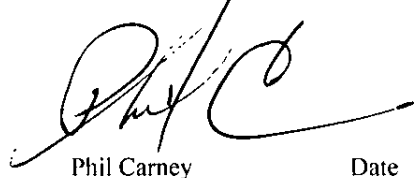
Dear Sir or Madam:

Enclosed is our application for a new corporation, PHIL ROCK SALES, CORP., owned and operated by Mr. Phil Carney. Mr. Carney previously owned PHIL ROC SALES, INC (PI1000051333). Please permit the new corporation name as the similar named corporation was also owned by Mr. Carney, and the old corporation name will never be used again.

Sincerely,



Thomas K. Mitchell



Phil Carney

Date

*04/06/16*

attachments

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U.S. DEPARTMENT OF THE TREASURY  
INTERNAL SECURITY

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: PHIL ROC SALES CORP FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16 APR 11 PM 2:56  
Mailing address, if different is:

60 HORSESHOE FALLS DR

ORMOND BEACH, FL 32174

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS  
IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

PRES.

Name and Title: Philip Carney Name and Title: \_\_\_\_\_

Address 60 Horseshoe Falls DR Address: \_\_\_\_\_

ORMOND BEACH, FL 32174

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

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

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

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

(conti.)

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:

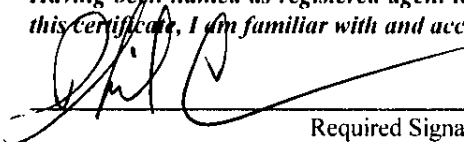
Name: Philip CARNEY  
Address: 60 HORSESHOE FALLS DR  
ORMOND BEACH, FL 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

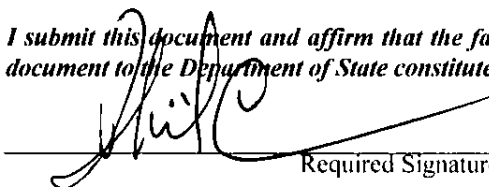
Name: Philip CARNEY  
Address: 60 HORSESHOE FALLS DR  
ORMOND BEACH, FL 32174

*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

04/06/16  
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

04-06-16  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA