

Pile 000041488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900284867869

05/05/16--01026--003 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
16 MAY -5 PM 12:16

## COVER LETTER

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

CLERK OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -5 PM 12:16

**SUBJECT:** S&S Property Management and Maintenance, 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:** Sandra Weber

Name (Printed or typed)

1936 Stimson Street

Address

Jacksonville, FL 32210

City, State & Zip

904-838-0071

Daytime Telephone number

sweber904@bellsouth.net

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 Property Management and Maintenance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1936 Stimson Street

Jacksonville, FL 32210

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: all lawful business including property management and maintenance

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Sandra Weber, Pres.

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

Address 1936 Stimson St.

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

Jacksonville, FL 32210

Name and Title: Howard Mac Smith, V.P.

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

Address 1936 Stimson St.

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

Jacksonville, FL 32210

Name and Title: Janis Weber, Secy/Treas

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

Address 1291 N US Hwy 1, Ste 7

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

Ormond Beach, FL 32174

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -5 PM 12:16

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: Sandra Weber  
Address: 1936 Stimson St  
Jacksonville, FL 32210

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sandra Weber  
Address: 1936 Stimson St  
Jacksonville, FL 32210

**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*

Sandra Weber  
Required Signature/Registered Agent

5-2-16  
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.*

Janis Weber  
Required Signature/Incorporator

5-2-16  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -5 PM 12:16