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COVER LETTER

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

SUBJECT: MID FLORIDA REVEAL, 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: TROY L LONG, III
Name (Printed or typed)
3380 LUKAS COVE
Address
ORLANDO, FL 32820
City, State & Zip
321-231-1801
Daytime Telephone number
MidFloridaReveal@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: MID FLORIDA REVEAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3380 LUKAS COVE

ORLANDO, FL 32820

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFERY L STEWART, PRESIDENT

Name and Title: TROY L LONG III, VICE PRESIDENT

Address 290 2ND STREET
GENEVA, FL 32732

Address: 3380 LUKAS COVE
ORLANDO, FL 32820

Name and Title: JEFFERY L STEWART, SECRETARY

Name and Title: TROY L LONG III, TREASURER

Address 290 2ND STREET
GENEVA, FL 32732

Address: 3380 LUKAS COVE
ORLANDO, FL 32820

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: TROY L LONG III _____

Address: 3380 LUKAS COVE _____

ORLANDO, FL 32820 _____

ARTICLE VII INCORPORATOR

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

Name: TROY L LONG III _____

Address: 3380 LUKAS COVE _____

ORLANDO, FL 32820 _____

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

✕ Troy L Long III
Required Signature/Registered Agent

✕ 6-23-16
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.

✕ Troy L Long III
Required Signature/Incorporator

✕ 6-23-16
Date