

P16000056658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

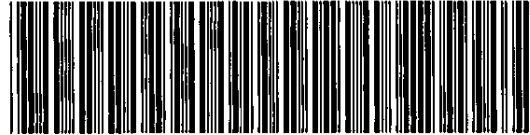
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/30/16--01002--007 **78.75

COVER LETTER

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

SUBJECT: SD2, 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 Covington
Name (Printed or typed)
1001 South Fort Harrison Ave, Suite 202
Address
Clearwater, FL. 33756
City, State & Zip
727-478-7373
Daytime Telephone number
Rcovington@sd2inc.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

SD2, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SD2 Inc.

1001 South Fort Harrison Ave, Suite 202

Clearwater, FL., 33756

ARTICLE III PURPOSE

General contracting of commerical and residential projects.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Covington, President Name and Title: _____

Address 1001 South Fort Harrison Ave, Suite 202 Address: _____

Clearwater, FL. 33756

Name and Title: Jason Chokel, Treasurer Name and Title: _____

Address 1001 South Fort Harrison Ave, Suite 202 Address: _____

Clearwater, FL. 33756

Name and Title: Robert Covington, Secutary Name and Title: _____

Address 1001 South Fort Harrison Ave, Suite 202 Address: _____

Clearwater, FL. 33756

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:

Robert Covington

Name: _____

1001 South Fort Harrison Ave, Suite 202

Address: _____

Clearwater, FL. 33756

ARTICLE VII INCORPORATOR

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

SD2, Inc.

Name: _____

1001 South Fort Harrison Ave, Suite 202

Address: _____

Clearwater, FL. 33756

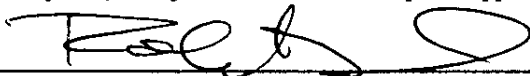
ARTICLE VIII EFFECTIVE DATE: 7/4/2016

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

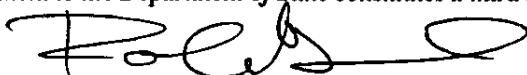


Required Signature/Registered Agent

6-27-2016

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

6-27-2016

Date