

P16000076843

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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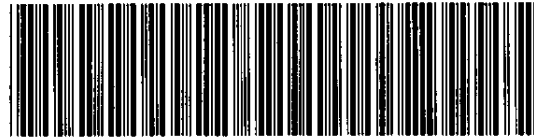
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/16--01004--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 19 AM 8:32

APPROVED
FILED

7/11/16
9/19/16

19 SEP 19 PM 4:22
SUFFICIENCY OF FILING

16 SEP 19 PM 4:22

RECEIVED

COVER LETTER

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

SUBJECT: Southern Restorations of North Florida, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Scott Miller
Name (Printed or typed)

2104 Portsmouth Circle
Address

Tallahassee, FL 32311
City, State & Zip

850-459-9013
Daytime Telephone number

motorboatingfool@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: Southern Renovations of North Florida, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2104 Portsmouth Circle
Tallahassee, FL 32311

Mailing address, if different is:
2104 Portsmouth Circle
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business and Residential
renovations

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Miller - P and Title: _____

Address 2104 Portsmouth Cir Address: _____
Tallahassee, FL 32311

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Cynthia Miller
Address: 2104 Portsmouth Cir
Tallahassee, FL 32311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE VII INCORPORATOR

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

Name: Scott Miller
Address: 2104 Portsmouth Cir
Tallahassee, FL 32311

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

Cynthia Miller
Required Signature/Registered Agent

9/19/16
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.

Scott Miller
Required Signature/Incorporator

9/19/16
Date