

P160000080650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

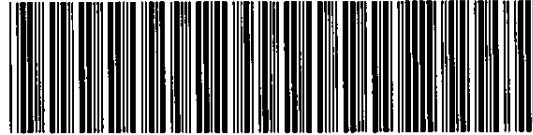
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

## COVER LETTER

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

SUBJECT: Sylvous Thomas Construction 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 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: Sylvous Thomas  
Name (Printed or typed)

9191 Dorothy Rd  
Address

Tallahassee FL 32305  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

www.STEELmatic@yahoo.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: Sylvius Thomas Construction Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9191 Dorothy Rd  
Tallahassee FL 32305

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawfull bussiness

ARTICLE IV SHARES

The number of shares of stock is: #8

16 OCT -5 AM 9:15  
STATE  
TALLAHASSEE FL ORIDA

ARTICLE  
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address: Sylvius Thomas  
9191 Dorothy Rd  
Tallahassee FL  
32305 Address: \_\_\_\_\_

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: Sylvanus Thomas  
Address: 9191 Dorothy Rd  
Tallahassee FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sylvanus Thomas  
Address: 9191 Dorothy Rd  
Tallahassee FL 32305

**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*

[Signature]  
Required Signature/Registered Agent

10/5/16  
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.*

[Signature]  
Required Signature/Incorporator

10/5/16  
Date

STATE  
TALLAHASSEE  
FLORIDA

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