

A6600082912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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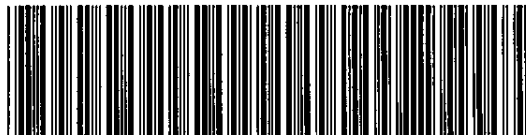
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 13 PM 2:22

COVER LETTER

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

SUBJECT: Volunteer Fencing 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: Jeff Cody
Name (Printed or typed)

1840 Baby Farm Circle
Address

~~1840~~ Tallahassee, Florida 32310
City, State & Zip

(850) 557-1905
Daytime Telephone number

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: Volunteer Fencing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1840 Baby Forum Circle
Tallahassee, Fla 32310

Mailing address, if different is:

the same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fencing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

P

Name and Title: Jeff Cody Name and Title: _____

Address 1840 Baby Forum Circle Address: _____

Tallahassee Fla 32310

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: Jeff Cody

Address: 1840 Babu Farm Cir

Tall, Fla 32310
Tallahassee

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Cody

Address: 1840 Babu Farm Cir,

Tallahassee, Fla 32310

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

Jeff Cody

Required Signature/Registered Agent

10-13-16
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.

Jeff Cody

Required Signature/Incorporator

10-13-16
Date