

P/70000/6397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

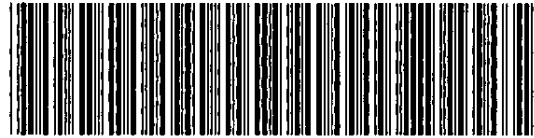
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900295401699

02/21/17--01027--008 **87.50

FILED

17 FEB 21 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 02/14/17

02/22/17

COVER LETTER

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

SUBJECT: UTILITY FIELD SERVICES, 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: MARK D CALDWELL

Name (Printed or typed)

4854 CALASANS AVE

Address

ST CLOUD, FL 34771

City, State & Zip

321-287-9942

Daytime Telephone number

MARK.CALDWELL@UFLDSER.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: UTILITY FIELD SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4854 CALASANS AVE

ST CLOUD FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: UTILITY FIELD SERVICES AND ENGINEERING

FILED
17 FEB 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK D CALDWELL, PRESIDENT

Name and Title: _____

Address 4854 CALASANS AVE

Address: _____

ST CLOUD, FL 34771

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: MARK D CALDWELL

Address: 4854 CALASANS AVE

ST CLOUD FL 34771

ARTICLE VII INCORPORATOR

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

Name: MARK D CALDWELL

Address: 4854 CALASANS AVE

ST CLOUD FL 34771

FILED
17 FEB 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/14/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Mark D Caldwell

Required Signature/Registered Agent

02/14/2017

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 §817.155, F.S.

Mark D Caldwell

Required Signature/Incorporator

02/14/2017

Date