

P/7000022994

(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



100296402491

03/13/17--01034--023 **78.75

FILED
17 MAR 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 03/14/17

COVER LETTER

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

SUBJECT: CAGE DEVELOPMENT 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: Samantha Evans, as Trustee
Name (Printed or typed)

P.O. Box 382

Address

Freeport, FL. 32439

City, State & Zip

850-270-7055

Daytime Telephone number

mail4cage@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: CAGE DEVELOPMENT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

174 Watercolor Way Ste 103-129
Santa Rosa Beach, FL. 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

New Construction, Remodeling, enviroment clean up,

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samantha EVANS, TRUSTEE Name and Title: _____

Address: PO BOX 382 Address: _____

Freeport, FL. 32439

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
17 MAR 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sherry Moseley
Address: 102 Oakhill Ave
Ft. Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samantha Evans, Trustee
Address: P.O. Box 382
Freeport, FL 32439

FILED
17 MAR 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

Sherry Moseley 2-10-17
Required Signature/Registered Agent 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] 2-10-17
Required Signature/Incorporator Date