

P17 000081590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

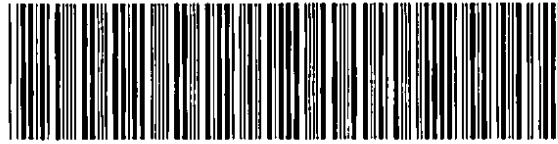
(Document Number)

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Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Guy Rudd 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: Michael Rudd  
Name (Printed or typed)

7341 Skippert Lane  
Address

Tallahassee FL 32317  
City, State & Zip

850-556-3075  
Daytime Telephone number

M. K. Rudd 8703 @ Gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

10/19/2017

To Whom it May Concern:

I Michael G. Rudd, have no intention of reinstating the ~~business~~ business name, Guy Rudd, Inc.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael G. Rudd". The signature is stylized with a large, sweeping "M" and a cursive "R".

Michael G. Rudd

**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: Guy Rudd INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
73411 SKIPPET LANE  
Tallahassee FL 32317

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And all Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael G Rudd Name and Title: \_\_\_\_\_

Address: 73411 SKIPPET LANE Address: \_\_\_\_\_  
Tallahassee FL  
32317

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2017 OCT 11 PM 2:28  
CLERK OF SUPERIOR COURT  
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: Michael G. Rudd

Address: 7341 SKIPPER lane

Tallahassee FL 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Title P Michael G Rudd

Address: 7341 SKIPPER lane

Tallahassee FL 32317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-11-2017 (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*

Michael G. Rudd

Required Signature/Registered Agent

10-11-2017  
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 s.817.155, F.S.*

Michael G. Rudd

Required Signature/Incorporator

10-11-2017  
Date