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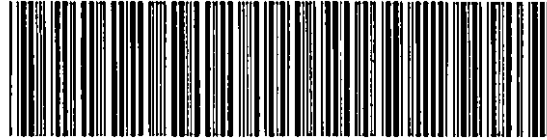
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TALAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## COVER LETTER

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

**SUBJECT:** Clay Blizzard Logging, 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:** Samuel Blizzard  
\_\_\_\_\_  
Name (Printed or typed)

32 Industrial Park  
\_\_\_\_\_  
Address

Freeport, FL 32439  
\_\_\_\_\_  
City, State & Zip

850-830-5375  
\_\_\_\_\_  
Daytime Telephone number

lisablizzard@aol.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: Clay Blizzard Logging, Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

32 Industrial Park

Freeport, FL 32439

### 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: Samuel Blizzard, Officer

Address 1189 E. Bay Loop Road

Freeport, FL 32439

Name and Title: Lisa Blizzard, Officer

Address: 1189 E. Bay Loop Road

Freeport, FL 32439

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SOCIETY 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: Samuel Blizzard  
Address: 1189 E. Bay Loop Road  
Freeport, FL 32439

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Samuel Blizzard  
Address: 1189 E. Bay Loop Road  
Freeport, FL 32439

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2018 (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*

Samuel Blizzard  
Required Signature/Registered Agent

12/7/2017  
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.*

Sam Blizzard  
Required Signature/Incorporator

12/7/2017  
Date