

P18000058730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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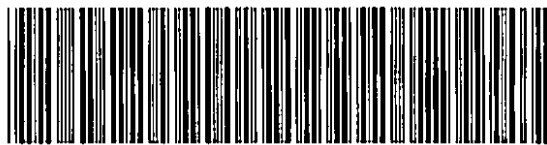
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -2 PM 2:08
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SOUTHERN HARMONY AND GIFTS 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: MARION GALLAWAY
Name (Printed or typed)
7232 59th DRIVE
Address
LIVE OAK, FLORIDA 32060
City, State & Zip
(386) 288-5101
Daytime Telephone number
pruittveda@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 SOUTHERN HARMONY AND GIFTS INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
7232 59th DRIVE
LIVE OAK
FLORIDA 32060

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
STARTING NEW BUSINESS

ARTICLE IV SHARES 10
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARION GALLAWAY PRESIDENT
Address: 7232 59th DRIVE
LIVE OAK
FLORIDA 32060

Name and Title: _____

Address: _____

Name and Title: LOUIS GALLAWAY VICE PRESIDENT
Address: 7232 59th DRIVE
LIVE OAK
FLORIDA 32060

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK 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: VEDA PRUITT
Address: 707 SW NURSERY ROAD
LAKE CITY FLORIDA 32024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VEDA PRUITT
Address: 707 SW NURSERY ROAD
LAKE CITY FLORIDA 32024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2018 (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

Veda Pruitt 06/25/2018
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.

Veda Pruitt 06/25/2018
Required Signature/Incorporator Date