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DIVISION OF CORPORATIONS
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DEC 28 2018

COVER LETTER

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

SUBJECT: Susan W. Fox, 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: Susan W. Fox

Name (Printed or typed)

16226 Bull Whip Pass

Address

Buda, TX 78610

City, State & Zip

407-580-6798

Daytime Telephone number

susanfox@flappeal.com

E-mail address: (to be used for future annual report notification)

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

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2012 DEC 28 PM 2:00
TALLAHASSEE, FL

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: Susan W. Fox, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16226 Bull Whip Pass

Buda, TX 78610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

all business purposes permissible to be conducted by a for profit corporation under Florida law.

ARTICLE IV SHARES

100.00

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan W. Fox, President

Name and Title: Susan W. Fox, Secretary

Address: 16226 Bull Whip Pass, Buda, Tx 78610

Address: 16226 Bull Whip Pass, Buda, TX 78610

Name and Title: Susan W. Fox, Treasurer

Name and Title: _____

Address: 16226 Bull Whip Pass, Buda, TX 78610

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

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: Wendy S. Loquasto
Address: 1882 Capital Cir. NE, Suite 206
Tallahassee, FL 32308-4568

ARTICLE VII INCORPORATOR

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

Name: Susan W. Fox
Address: 16226 Bull Whip Pass, Buda TX 78610

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TALLAHASSEE, FL

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

Wendy S. Loquasto 12-27-18
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.

Susan W. Fox 12-11-18
Required Signature/Incorporator Date