

P19000014448

(Requestor's Name)

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(City/State/Zip/Phone #)

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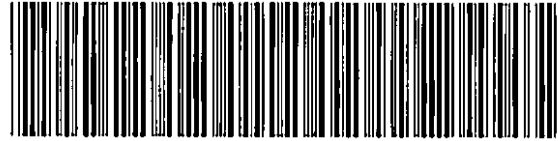
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: SEINEYARD WILDWOOD, 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: FRANCES CASEY LOWE, ESQUIRE

Name (Printed or typed)

68-A FELI WAY

Address

CRAWFORDVILLE, FLORIDA 32327

City, State & Zip

850-926-8245

Daytime Telephone number

francie@lowesparkman.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: SEINEYARD WILDWOOD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1660-6 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: food distribution and service, restaurant and bar.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Dunlap, Director

Address: 1669-6 North Monroe Street
Tallahassee, FL 32303

Name and Title: Starr Dunlap, Director

Address: 1669-6 North Monroe Street
Tallahassee, FL 32303

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF CIRCUIT 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: Frances C. Lowe _____

Address: 68-A Feli Way _____

Crawfordville, FL 32327 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frances C. Lowe _____

Address: 68-A Feli Way _____

Crawfordville, FL 32327 _____

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

Frances C. Lowe
Required Signature/Registered Agent

2-18-2019
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.

Frances C. Lowe
Required Signature/Incorporator

2-18-2019
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA