

PI9000030395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

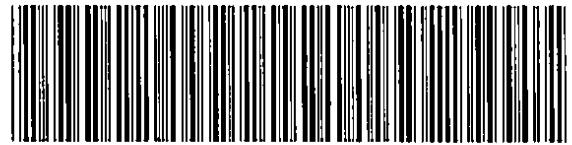
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327740627

04/09/19--01031--003 **87.50

C RICO
APR 09 2019

19 APR -9 PM 2:13

2019 APR -9 PM 2:29

FILED

COVER LETTER

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

SUBJECT: Chem Drop Partners, 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: Heath Fleming
Name (Printed or typed)

3249 Belle Meade Trail
Address

Tallahassee FL 32311
City, State & Zip

229-366-1313
Daytime Telephone number

heathfleming@gmail.com
E-mail address: (to be used for future annual report notification)

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

2019 APR - 9 PM 2:28

FILED

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: Chem Drop Partners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3249 Belle Meade Trail
Tallahassee, FL, 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Petroleum Sales & Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lenora Fleming (CEO)
Address: 3249 Belle Meade Trail
Tallahassee, FL, 32311

Name and Title: Heath Fleming (CEO)
Address: 3249 Belle Meade Trail
Tallahassee, FL, 32311

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
2019 APR - 9 PM 2:28
TALLAHASSEE, 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: Lenora Fleming
Address: 3249 Belle Meade Trail
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Heath Fleming
Address: 3249 Belle Meade Trail
Tallahassee, FL 32311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/8/19 (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.

Lenora Fleming
Required Signature/Registered Agent

4/8/19
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.

Heath Fleming
Required Signature/Incorporator

4/8/19
Date

FILED
2019 APR -9 PM 2:22
TALLAHASSEE, FL