

P190000 55697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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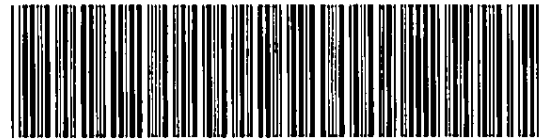
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 06 2019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -6 PM 3:53

COVER LETTER

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

SUBJECT: SFS Corp

(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: Charles Burnett

Name (Printed or typed)

1650 Margaret St. #302-113

Address

Jacksonville FL 32204

City, State & Zip

904-437-9872

Daytime Telephone number

erbboca@comcast.net

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: SFS 1 Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4599 Lakeside Dr

1650 Margaret St. #302-113

Jacksonville, Fl 32210

Jacksonville, Fl 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Burnett Pres

Name and Title: _____

Address 1650 Margaret St.

Address: _____

#302

Jacksonville, Fl 32204

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Heather B. Wingard
Address: 1840 shadowlawn St.
Jacksonville Fl 32205

ARTICLE VII INCORPORATOR

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

Name: Charles Burnett
Address: 1650 Margaret St. #302
Jacksonville, Fl 32204

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ filing date (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

Heather B. Wingard
Required Signature/Registered Agent

May 9, 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.

[Signature]
Required Signature/Incorporator

May 9, 2019

Date