

P19000059995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

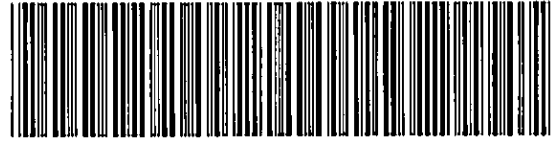
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000332756940

08/05/19-01007-000 \*78.75\*

FILED

2019 AUG -5 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2019 AUG -5 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: C & L PILINGS 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: SHAWN M LAWHON

Name (Printed or typed)

8028 SMITH CREEK HIGHWAY

Address

SOPCHOPPY FL 32358

City, State & Zip

850) 519-3443

Daytime Telephone number

millendertax@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**

The name of the corporation shall be: C & L Pilings Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8028 Smith Creek Highway

8028 Smith Creek Highway

Sopchoppy FL 32358

Sopchoppy FL 32358

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate in the State of Florida

FILED  
2019 AUG -5 PM 12:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shawn M. Lawhon

Name and Title: President

Address 8028 Smith Creek Highway

Address:

Sopchoppy Florida 32358

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Bryan Sanders  
Address: ~~P.O. Box 820~~ 8028 Smith Creek Hwy  
Crawfordville Florida 32326 Sapchoppy FL, 32358

**ARTICLE VII INCORPORATOR**

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

Name: Bryan Sanders  
Address: P O Box 820  
Crawfordville Florida 32326

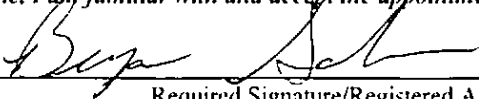
FILED  
2019 AUG - 5 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

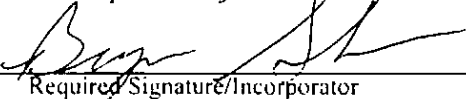
Effective date, if other than the date of filing: August 1, 2019 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 08/5/2019  
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.*

 \_\_\_\_\_ 08/5/2019  
Required Signature/Incorporator Date