

P19000065140

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(Address)

(Address)

(City/State/Zip/Phone #)

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19 AUG 21 AM 8:22  
2019 AUG 21 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FL 0910

N CULLIGAN

AUG 21 2019

## COVER LETTER

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

**SUBJECT:** SOUTHERN PROPERTIES 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:** JASON KOCH

Name (Printed or typed)

4715 FLOWERWOOD DRIVE

Address

TALLAHASSEE FL 32303

City, State & Zip

850-228-7114

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: SOUTHERN PROPERTIES OF TALLAHASSEE INC

2019 AUG 21 AM 8:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4715 FLOWERWOOD DRIVE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

SAME

TALLAHASSEE FL 32303

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jason Koch - President

Name and Title: Hannah Vickerman - Vice President

Address: 4715 Flowerwood Drive  
Tallahassee FL 32303

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Tallahassee FL 32303

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: 3038 Crawfordville Hwy

Crawfordville Florida 32326

**ARTICLE VII INCORPORATOR**

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

Name: Bryan Sanders

Address: 3038 Crawfordville Hwy  
Crawfordville FL 32326

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 20, 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*

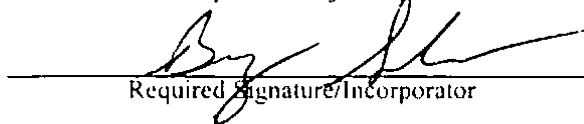


Required Signature/Registered Agent

08/20/2019

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.*



Required Signature/Incorporator

08/20/2019

Date

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TALLAHASSEE, FLORIDA