

P19000067977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone.#)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

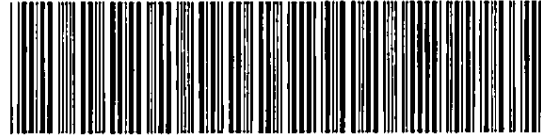
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19 SEP - 4 AM 8:44

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2019 SEP - 4 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: Guffey ELECTRIC, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James Arlan Guffey
Name (Printed or typed)

P.O. Box 572 214E OSCEOLA AVE.
Address

WEWAHITCHKA FL 32465
City, State & Zip

(850) 832-0971
Daytime Telephone number

jguffey@gcec.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: Guffey Electric, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

214 E OSCEOLA AVE.

P.O. Box 572

WEWAHITCHKA, FLORIDA 32465

WEWAHITCHKA, FLORIDA
32465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation may transact
OR conduct any type business for which corporations may
be incorporated under Chapter 607, Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Arlan Guffey ^{PRES} ~~PRES~~ Name and Title: _____

Address 214 E. OSCEOLA AVE. Address: _____

P.O. Box 572

WEWAHITCHKA FL 32465

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2009 SEP - 4 AM 8:57
SECRETARY OF STATE
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: ARLAN MILTON GUFFEY

Address: 3765 Highway 71 South
Wewahitchka FL 32465

ARTICLE VII INCORPORATOR

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

Name: James Arlan Guffey

Address: 214 East Osceola Ave.
Wewahitchka, FL 32465

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

ArLAN MILTON GUFFEY
Required Signature/Registered Agent

09/03/19
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.

James Arlan Guffey
Required Signature/Incorporator

09/03/19
Date