

P19000068033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

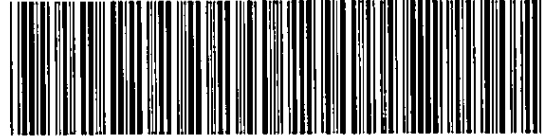
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

of shares
Audie Robinson gave
authorization to add
1 share to application
9/3
dkc

Office Use Only



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08/19/19--01022--029 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP -3 PM 12:10

SEP 04 2019

D CUSHING

COVER LETTER

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

SUBJECT: SAVANNA PUB, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Audie Robinson
Name (Printed or typed)
16098 SW 49 COURT ROAD
Address
OCALA FL 34473
City, State & Zip
813 - 313 - 7707
Daytime Telephone number
savannapub@gmail.com
E-mail address: (to be used for future annual report notification)

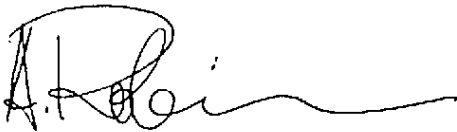
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

**AFFIDAVIT OF NONPROFIT CORPORATION NOT
TO REVOKE VOLUNTARY DISSOLUTION AND
RELEASE NAME TO PROFIT CORPORATION**

The Nonprofit Corporation, SAVANNAPUB, INC., has no intentions of revoking the voluntary dissolution and must release the name to the Profit Corporation, SAVANNAPUB, INC.

A handwritten signature in black ink, appearing to read 'A. Robinson', with a long horizontal flourish extending to the right.

Signature of director of SAVANNAPUB, INC.

Audie Robinson

Typed name of person signing

Director

Title of person signing

August 15, 2019

Date

16098 SW 49 Court Road, Ocala, FL 34473

Address

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: SAVANNAPUB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16098 SW 49 COURT ROAD

16098 SW 49 COURT ROAD

OCALA FL 34473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Development of Building and Capital projects, delivering architecture design, project
management, planning, and philanthropic training.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audie Robinson, Director

Name and Title: _____

Address: 16098 SW 49 COURT ROAD,

Address: _____

OCALA FL 34473

Name and Title: Dorothy Robinson, President

Name and Title: _____

Address: 16098 SW 49 COURT ROAD,

Address: _____

OCALA FL 34473

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: Audie Robinson, Director
Address: 16098 SW 49 COURT ROAD,
OCALA FL 34473

ARTICLE VII INCORPORATOR

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

Name: Audie Robinson, Director
Address: 16098 SW 49 COURT ROAD,
OCALA FL 34473

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

Required Signature-Registered Agent

8/15/19

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.