

PI9000093826

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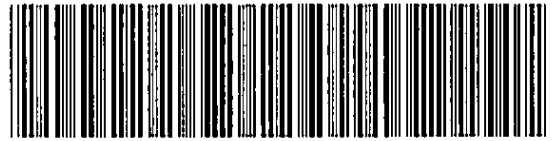
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: TALLPINES FOREST PRODUCTS, 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: Jeffrey R. Kuhns, Esq.

Name (Printed or typed)

252 W. Marion Ave., #1129

Address

Punta Gorda, FL 33950

City, State & Zip

(941) 205-8000

Daytime Telephone number

Tall Pines Forest Products: tallpinesfp@gmail.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
OF
TALLPINES FOREST PRODUCTS, INC.,
A Florida corporation**

The following is submitted in compliance with Chapter 607, F.S.:

**ARTICLE I
NAME**

The name of the corporation shall be: **TALLPINES FOREST PRODUCTS, INC.** (the "**corporation**").

**ARTICLE II
PRINCIPAL OFFICE**

Principal street address is:	Mailing address, if different is:
1059 Harbour Drake Dr. Punta Gorda, FL 33983	(same)

**ARTICLE III
PURPOSE**

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state.

**ARTICLE IV
SHARES**

The number of shares of stock is 1,000 shares of common stock without par value.

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

Name and Title:	Address:
Gail Cole, President	1059 Harbour Drake Dr. Punta Gorda, FL 33983
Mindy Marie Cole, Secretary	1059 Harbour Drake Dr. Punta Gorda, FL 33983

ARTICLE VI
REGISTERED AGENT

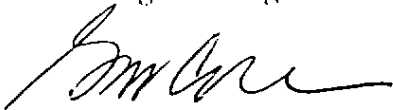
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ Address: _____

Gail Cole

1059 Harbour Drake Dr.
Punta Gorda, FL 33983

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 of Registered Agent
Printed Name: Gail Cole

11/15/19

Date

ARTICLE VII
INCORPORATOR

The name and address of the Incorporator is:

Name: _____ Address: _____

Gail Cole

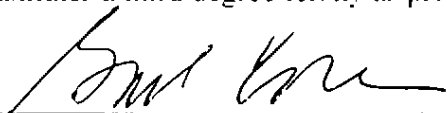
1059 Harbour Drake Dr.
Punta Gorda, FL 33983

ARTICLE VIII
EFFECTIVE DATE:

The effective of the formation of this corporation shall be January 1, 2020.

#

Incorporator Signature: 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 § 817.155, F.S.



Required Signature of Incorporator
Printed Name: Gail Cole

11/15/19

Date