

4/8/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Survey Engineering Resources FL, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Survey Engineering Resources FL, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

865 Spring Street

Same

Westbrook, Maine 04092

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Survey and Engineering

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Timothy Patch, President/Treasurer

Name and Title: \_\_\_\_\_

Address

865 Spring Street

Address: \_\_\_\_\_

Westbrook, Maine 04092

Name and Title: Matthew Mills, Vice President

Name and Title: \_\_\_\_\_

Address

865 Spring Street

Address: \_\_\_\_\_

Westbrook, ME 04092

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: C. T Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324.

2020 APR -8 PM 12:24  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:


Name: Michael B. Peisner, Incorporator

Address: P.O. Box 7320

Portland, Maine 04112-7320

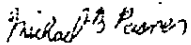
**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: As of filing (OPTIONAL)

(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*By:  Vice President4/7/2020

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.*04/08/2020

Required Signature/Incorporator

Date