

P21000033270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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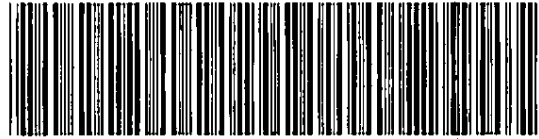
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -5 PM 4:02

Filing

COVER LETTER

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

SUBJECT: Professional Oilspill Consulting 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: Lawrence Smith
Name (Printed or typed)

5931 Pat Brown Rd
Address

Milton, FL 32570
City, State & Zip

(228) 990-3190
Daytime Telephone number

Smithcaps@bellsouth.net
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: Professional Oilspill Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5931 Pat Brown Rd
Milton, FL 32570

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting Business and income

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Smith (President) Name and Title: _____

Address: 5931 Pat Brown Rd Address: _____
Milton, FL 32570

Name and Title: Carol Smith (V. president) Name and Title: _____
Secretary

Address: 5931 Pat Brown Rd Address: _____
Milton, FL 32570

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: Carol Smith

Address: 5931 Pat Brown Rd
Milton, FL - 32570

ARTICLE VII INCORPORATOR

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

Name: Lawrence Smith

Address: 5931 Pat Brown Rd
Milton, FL - 32570

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

Carol Smith

Required Signature/Registered Agent

3-3-21

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.

Lawrence Smith

Required Signature/Incorporator

3/3/21

Date