

P 21000062620

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
CALIFORNIA

## COVER LETTER

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

SUBJECT: Dead Lakes Lumber, 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: Leslie Cantu  
Name (Printed or typed)

4584 County Rd 386 N  
Address

Wewahitchka, FL 32465  
City, State & Zip

863-781-1210  
Daytime Telephone number

deadlakeslumber@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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**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: Dead Lakes Lumber, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4534 County Rd 386 N  
Wewahatchka, FL 32465

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Stephen J. Cantu</u>	<u>Director</u>	Name and Title:	<u>Thomas H. Parker</u>	<u>Dir</u>
Address	<u>4534 County Rd 386 N</u>		Address:	<u>614 Big Daddy Neck Rd</u>	
	<u>Wewahatchka, FL</u>			<u>Wewahatchka, FL</u>	
	<u>32465</u>			<u>32465</u>	

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
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21 JUL - 7 PM 6:11  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

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: Leslie Carter  
Address: 4584 County Rd 386 N  
Wewahatchee, FL 32465

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Leslie Carter  
Address: 4584 County Rd 386 N  
Wewahatchee, FL 32465

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/29/2021 (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*

Leslie B. Carter  
Required Signature/Registered Agent

7/02/21  
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.*

Leslie B. Carter  
Required Signature/Incorporator

7/02/21  
Date