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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

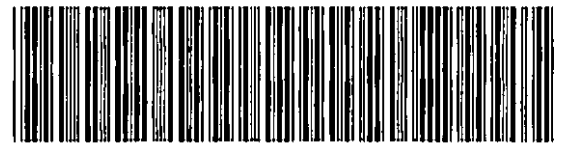
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
CALIFORNIA

C

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)

RECEIVED
CORPORATION
DIVISION
TALLAHASSEE, FL
JUL 21 2007

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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: 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> <u>Wewahatchka, FL</u> <u>32465</u>	Address:	<u>614 Big Daddy Neck Rd</u> <u>Wewahatchka, FL</u> <u>32465</u>

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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FLORIDA SECRETARY OF STATE

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 Cantu
 Address: 4584 County Rd 386 N
Wewahatchka, FL 32465

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 PALM BEACH COUNTY, FLORIDA
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ARTICLE VII INCORPORATOR

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

Name: Leslie Cantu
 Address: 4584 County Rd 386 N
Wewahatchka, 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. Cantu
 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. Cantu
 Required Signature/Incorporator

7/02/21
 Date