

P210000105303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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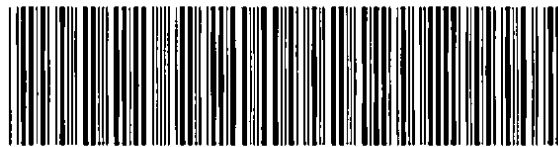
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/27/21--01002--017 **87.50

2021 DEC 22 PM 4:51

DEC 22 2021
SIN:120

COVER LETTER

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

SUBJECT: Miders Precision & Alignment Co.
(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:

R. Vernon Sanders

Name (Printed or typed)

2212 Edgewood Avenue West

Address

Jacksonville, FL 32209

City, State & Zip

(904) 465-4568

Daytime Telephone number

chunkyrenez@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: Sliders Precision & Alignment Co

ARTICLE II PRINCIPAL OFFICE

Principal street address,
2212 Edgewood Ave W
Tax Fl 32209

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

EIN# 87-4099777

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DeVern Sanders, Pres

Name and Title: _____

Address 2212 Edgewood Ave W
Tax Fl 32209

Address: _____

Name and Title: Virginiz Sanders Sec

Name and Title: _____

Address 2212 Edgewood Ave W
Tax Fl 32209

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Laverne Sanders

Address: 2144 W. 40th St
Jax Fl 32209

ARTICLE VII INCORPORATOR

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

Name: Laverne Sanders

Address: 2144 W. 40th St
Jacksonville, Fl 32209

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

Laverne Sanders
Required Signature/Registered Agent

12/22/21
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.

Laverne Sanders
Required Signature/Incorporator

12/22/21
Date