

P230000060827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

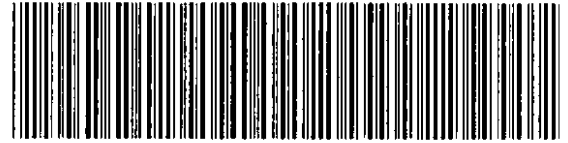
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: Snowden Wood 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: Cole Snowden  
Name (Printed or typed)

194 Laurelwood Lane  
Address

ORMOND BEACH, FL 32174  
City, State & Zip

386-214-7655  
Daytime Telephone number

~~000000~~ ColeJSnow19@outlook.com  
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: Snowden Wood Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

194 Laurelwood Ln.

Ormond Bch, FL 32174

Mailing address, if different is:

349 Sunset Point Dr.

Ormond Bch, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Deliver firewood

ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cole Snowden, President

Address

194 Laurelwood Ln.

Ormond Bch, FL 32174

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

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

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

Address

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

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

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

Address

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

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

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CLERK OF  
CITY OF ORMOND BEACH, 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: Cole Snowden  
Address: 194 Laurelwood Lane  
Ormond Beach, FL 32174

**ARTICLE VII INCORPORATOR**

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

Name: Cole Snowden  
Address: 194 Laurelwood Lane  
Ormond Beach, FL 32174

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CLERK OF COURT  
FLORIDA

**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*

Cole Snowden

Required Signature/Registered Agent

7/24/23

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.*

Cole Snowden

Required Signature/Incorporator

7/24/23

Date