

P23000066721

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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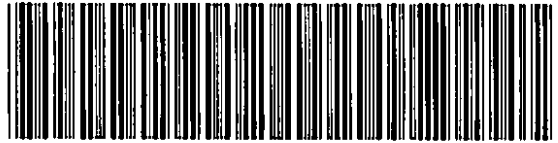
(Business Entity Name)

(Document Number)

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

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2023 SEP 11 AM 10:20

2023 SEP 11 PM 4:54

RECEIVED

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2023

LARRY SEYMOUR  
1862 TRAM RD  
MONTICELLO, FL 32344 US

SUBJECT: SEMINOLE GLASS AND CALIBRATION  
Ref. Number: W23000124485

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 023A00020957

2023 SEP 13 AM 10:20 2023 SEP 13 PM 3:36

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Seminole Glass and Calibration  
(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      ☒ \$887.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Larry Seymour  
Name (Printed or typed)

1862 Tran Rd.  
Address

Monticello, FL 32344  
City, State & Zip

850 879 6383  
Daytime Telephone number

Seminole Auto Glass@gmail.com  
E-mail address: (to be used for future annual report notification)  
GLASS      Seminole Auto Glass@gmail.com

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: Seminole Glass and Calibration Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1862 Tram Rd.  
Monticello, FL  
32344

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To replace or repair glass &  
calibrate cameras

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry ~~Spencer~~ Symons Name and Title: \_\_\_\_\_

Address: 1862 Tram Rd. Address: \_\_\_\_\_  
Monticello, FL  
32344

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

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

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: Larry Seymour  
Address: 1862 Tram Rd.  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry Seymour  
Address: 1862 Tram Rd.  
Monticello, FL 32344

**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*

Larry Seymour  
Required Signature/Registered Agent

9/11/23  
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.*

Larry Seymour  
Required Signature/Incorporator

9/11/23  
Date

2023 SEP 11 AM 10:20