

P240000 10655

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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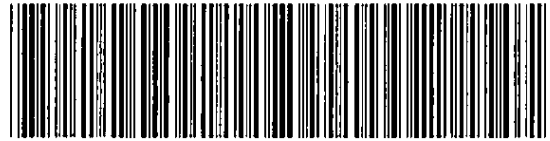
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Southernmost Systems Integrators, 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 ☐ \$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: Peter Lyden
Name (Printed or typed)

PO Box 1009
Address

Bunnell, FL 32110
City, State & Zip

386-931-2568
Daytime Telephone number

plyden64@gmail.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 11 AM 11:31

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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: Southernmost Systems Integrators, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3000 E Moody Blvd, Bldg 2

Bunnell, FL 32110

Mailing address, if different is:

PO Box 1009

Bunnell, FL 32110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Electrical Contractor and Integrating systems and Audio

Video

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Lyden President

Name and Title: _____

Address PO Box 1009

Address: _____

Bunnell, FL 32110

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Jean Ryan Accounting Inc
Address: 3000 E Moody Blvd, Bldg 2
Bunnell, FL 32110

ARTICLE VII INCORPORATOR

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

Name: Peter Lyden
Address: PO Box 1009
Bunnell, FL 32110

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2024 (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

Jean Ryan

Required Signature/Registered Agent

January 8, 2024

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.

[Signature]

Required Signature/Incorporator

January 8, 2024

Date

2024 JAN 11 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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