

P24000035639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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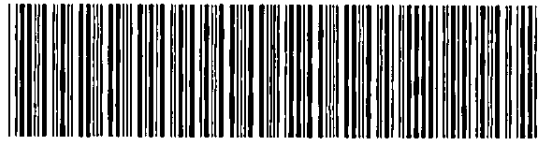
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 29 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024

COVER LETTER

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

SUBJECT: Applied machine Solutions 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Derricus D Jones
Name (Printed or typed)

2552 25th St Sarasota
Address

Sarasota FL 34234
City, State & Zip

Daytime Telephone number

AppliedmachineSolutions@gmail.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: Applied machine solutions inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2552 25th St

Mailing address, if different is:

Sarasota FL 34234

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 16000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derricus D Jones "P" Name and Title: _____

Address 2552 25th St Address: _____
Sarasota FL 34234

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: Derricus D Jones

Address: 2552 25th St

Seaside FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derricus D Jones

Address: 2552 25th St

Seaside FL 34134

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

[Signature]

Required Signature/Registered Agent

5/29/24

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

5/29/24

Date

2024