

P03000097957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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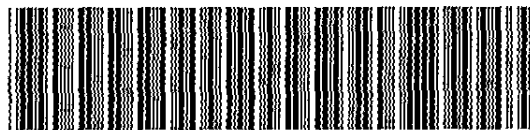
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP - 8 PM 3:43

BR 9/8

TRANSMITTAL LETTER

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

SUBJECT: TOM SCERBO BUILDER, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TOM SCERBO
Name (Printed or typed)

P O BOX 375
Address

OZONA, FL 34660
City, State & Zip

727-934-2779
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

ARTICLE I: THE NAME OF THE CORPORATION SHALL BE TOM
SCERBO BUILDER, INC.

ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS/MAILING
ADDRESS IS PO BOX 375, OZONA, FL 34660.

ARTICLE III: THE PURPOSE FOR WHICH THE CORPORATION IS
ORGANIZED IS REAL ESTATE CONSTRUCTION.

ARTICLE IV: THE NUMBER OF SHARES OF STOCK IS 1000
AUTHORIZED, 100 INITIALLY OUTSTANDING.

ARTICLE V: THE NAME, ADDRESS AND TITLE OF THE
INITIAL OFFICER AND DIRECTOR IS TOM SCERBO,
PO BOX 375, OZONA, FL 34660

ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF
THE REGISTERED AGENT IS TOM SCERBO, 103
DRIFTWOOD DRIVE WEST, PALM HARBOR, FL 34683.

ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPOR-
ATOR IS TOM SCERBO, PO BOX 375, OZONA, FL 34660

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.



registered agent



incorporator

1-1-03
date

1-1-03
date