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TALLAHASSEE FLORIDA

f 2/3/06

COVER LETTER

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

2005 JAN 30 PM 1:27

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: WEST FLORIDA LUMBER SERVICES, 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 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: WILLIAM JUHAS  
Name (Printed or typed)

6900 ADAMS DR.  
Address

TAMPA FL 33619  
City, State & Zip

813-630-9863  
Daytime Telephone number

**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:

WEST FLORIDA LUMBER SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6900 ADAMO DR.  
TAMPA, FL 33619

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

WILLIAM JUHAS  
6900 ADAMO DR.  
TAMPA, FL 33619  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WILLIAM JUHAS  
6900 ADAMO DR.  
TAMPA, FL 33619

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WILLIAM JUHAS  
6900 ADAMO DR.  
TAMPA FL 33619

\*\*\*\*\*

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/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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