

P21000007882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

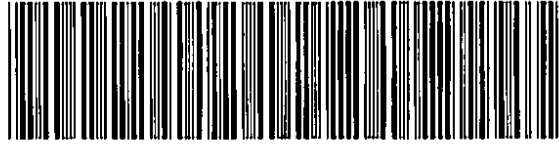
(Document Number)

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Certificates of Status \_\_\_\_\_

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02/04/21--01001--008 \*\*70.00

2021 FEB -4 AM 11: 01  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 FEB -4 AM 11: 01  
SECRETARY OF STATE  
TALLAHASSEE, FL

Handwritten scribbles at the bottom right of the page.

COVER LETTER

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

SUBJECT: C. Pearson Contracting, Corp  
(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: Clarence Pearson  
Name (Printed or typed)

P.O. Box 2013  
Address

Quincy, FL 32353  
City, State & Zip

850-405-2787  
Daytime Telephone number

Clarencelepe@yahoo.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: C. Pearson Contracting, Corp

2021 FEB -6 AM 11:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

295 John Knox Rd. 0105  
Tallahassee, FL 32303

SECRETARY OF STATE  
Mailing address, if different is:  
TALLAHASSEE, FL

P.O. Box 2013  
Quincy, FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit construction business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Pearson Pres Name and Title: \_\_\_\_\_

Address P.O. Box 2013 Address: \_\_\_\_\_  
Quincy, FL 32353

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: Clarence Pearson  
Address: 275 John Knox Rd #0105  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Clarence Pearson  
Address: 275 John Knox Rd #0105  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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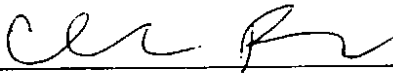
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2-3-21 (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.)

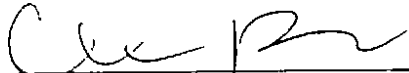
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

2-3-21  
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.*

  
Required Signature/Incorporator

2-3-21  
Date