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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mod 10/24

COVER LETTER

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

SUBJECT: Dryer Vent Wizard of St. Augustine, 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: Quintin K. Gibson

Name (Printed or typed)

6725 Hidden Creek Blvd

Address

St. Augustine, Florida 32086

City, State & Zip

904-794-0724

Daytime Telephone number

quintin2872@att.net

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: Dryer Vent Wizard of St. Augustine, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6725 Hidden Creek Blvd
St. Augustine, Florida 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide dryer vent installation products
and services to enhance the performance and safety of clothes dryers
primarily to residential and commercial customers.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Quintin K. Gibson

Name and Title: Phyllis E. Gibson

Address 6725 Hidden Creek Blvd
St. Augustine, FL 32086

Address: 6725 Hidden Creek Blvd
St. Augustine, FL 32086

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Quintin K. Gibson
Address: 6725 Hidden Creek Blvd
St. Augustine, FL 32086

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ARTICLE VII INCORPORATOR

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

Name: Quintin K. Gibson
Address: 6725 Hidden Creek Blvd
St. Augustine, FL 32086

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

 10/16/13
Required Signature/Registered Agent 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.

 10/16/13
Required Signature/Incorporator Date