

No 7000008590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

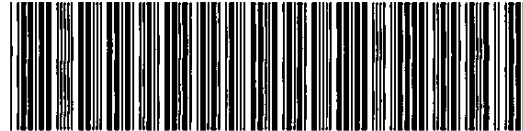
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/07--01001--007 **78.75

RECEIVED
07 AUG 31 PM 3:07
BUREAU OF CORPORATIONS
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
07 AUG 31 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 31 2007

COVER LETTER

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

SUBJECT: Capital City Roofing & Sheet Metal Association, Inc. (CRSA)
(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

ADDITIONAL COPY REQUIRED

FROM: Ralph B. Davis, II
Name (Printed or typed)

P. O. Box 2358
Address

Tallahassee, FL 32316
City, State & Zip

(850) 575-1168
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Capital City Roofing & Sheet Metal Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P. O. Box 2358

Tallahassee, FL 32316

3654 W. Orange Avenue, Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non Profit Association. Assist roofing, waterproofing, roof deck and roof system contracting business. Improve the interest and welfare of its members. Their training and educational betterment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Nominations, in addition to the Nominating Committee slate, may be made from the floor, such nominations to be made in writing. Officers shall be elected by a majority of all votes cast and the Directors by a plurality vote. By voting members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ralph B. Davis, II, P. O. Box 2358, Tallahassee, FL 32316-President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

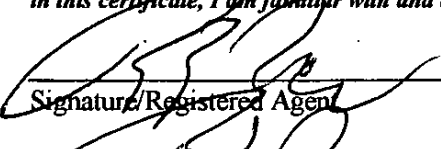
Ralph B. Davis, II, 3654 W. Orange Avenue, Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ralph B. Davis, II, P. O. Box 2358, Tallahassee, FL 32316

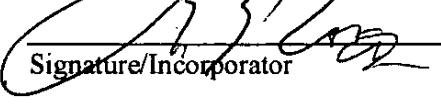
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

8-31-07

Date



Signature/Incorporator

8-31-07

Date

FILED

07 AUG 31 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA