# POODS 28797

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

400003171074--8 -03/15/00--01064--016 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	ERECTORS, I	NC.	
(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  ADDITIONAL C	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: WILLIAM STAUBS			

Name (Printed or typed)

1420 CYPRESS AVENUE

Address

MELBOURNE, FLORIDA 32935

City, State & Zip

(407) 253-2038

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

ERECTORS, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1420 CYPRESS AVENUE MELBOURNE, FLORIDA 32935

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

WILLIAM STAUBS .1420 CYPRESS AVENUE MELBOURNE, FLORIDA 32935

# ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

WILLIAM STAUBS 1420 CYPRESS AVENUE MELBOURNE, FLORIDA 32935

Signature/Incorporator

2-22-00

Date

SECRETARY PHR:01

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

2-22-00

Date