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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 DEC 30 AM 7:56

TRANSMITTAL LETTER

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

SUBJECT: _____

C Jim STUCCO 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: _____

C Jim STUCCO INC.

Name (Printed or typed)

JAMES J. CRAWFORD

930 JOHN WAYNE CIRCLE

Address

FORT WALTON BEACH FLORIDA 32547

City, State & Zip

850 830 5857

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:

C JIM STUCCO INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

930 JOHN WAYNE CIRCLE
FORT WALTON BEACH FLORIDA 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Stucco

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAMES J. CRAWFORD, owner
930 JOHN WAYNE CIRCLE
FORT WALTON BEACH FLORIDA 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES J. CRAWFORD, owner
930 JOHN WAYNE CIRCLE
FORT WALTON BEACH FLORIDA 32547

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

Date

Signature Incorporator

Date

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