

PO3000024679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

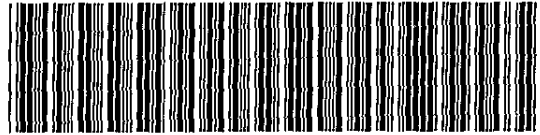
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: ORANGEWOOD CONTRACTORS, INC.  
(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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: WENDY H. DIXON  
Name (Printed or typed)

505 US 27 N.  
Address

AVON PARK, FLORIDA 33825  
City, State & Zip

863-452-6400  
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:

**ORANGEWOOD CONTRACTORS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

505 US 27 N.  
AVON PARK, FLORIDA 33825

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**RESIDENTIAL & COMMERCIAL CONSTRUCTION**

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000 (ONE HUNDRED THOUSAND)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

PRESIDENT: HERBY B. DIXON  
VICE PRESIDENT: WENDY H. DIXON  
SECRETARY: WENDY H. DIXON  
TREASURER: RICHARD A. HAYES

**ARTICLE VI REGISTERED AGENT**

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

WENDY H. DIXON  
505 US 27 N.  
AVON PARK, FL. 33825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WENDY H. DIXON  
505 US 27 N.  
AVON PARK, FL. 33825

\*\*\*\*\*  
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

2/25/3  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/25/3  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA