

P03000028875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

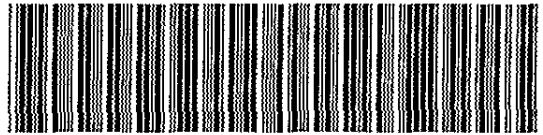
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500013539405

03/10/03--01062--008 **87.50

FILED
03 MAR 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

TRANSMITTAL LETTER

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

SUBJECT: EXTEND ALL SCAFFOLD 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:

FLOYD CLINCH

Name (Printed or typed)

5970 WESTPORT LN.

Address

NAPLES, FLORIDA 34116

City, State & Zip

1-239-348-0695

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: **EXTEND ALL SCAFFOLD INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **5970 WEST PORT LANE
NAPLES, FLORIDA 34116**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **MANUFACTURE + SALES OF
EXTEND ALL SCAFFOLD**

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):

FILED
03 MAR 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **ROBERT JUNE
5970 WEST PORT LN
NAPLES, FL 34116**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **FLOYD G. CLINCH 12585 East Terry St. (LOT 7)
Bonita Springs, FL 34135**

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

Robert June
Signature/Registered Agent

3/3/03
Date

Mr. Floyd G. Clinch
Signature/Incorporator

3/3/03
Date

Mr. Floyd G. Clinch