P03000172251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200021844532

10/21/03--01150--002 **78.75

RECEIVED
03 OCT 21 PM 12:42
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 12:55

TRANSMITTAL LETTER

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

SUBJECT: Chads Carpet 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:

William Chad Wingate
Name (Printed or typed)

813 S. Lipona Rd
Address

Tallahassee Fla 32304
City, State & Zip

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)

FILED
03 OCT 21 PM 12:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Chads Carpet inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

813 S. Lipona RD Tallahassee Fla 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all Lawful Business

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):

P. William Chad Wingate 813 S. Lipona RD Tallahassee Fla 3:

V.P Shannon L Wingate (SAME)

ARTICLE VI REGISTERED AGENT

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

William Chad Wingate

813 S. Lipona RD Tallahassee Fla 32304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William Chad Wingate

813 S. Lipona RD Tallahassee Fla 32304

****

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

William C Wingate

Signature/Registered Agent

10/21/03

Date

William C Wingate

Signature/Incorporator

10/21/03

Date