P03000127036

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Boodinon: Namosi)
Contillant Consider
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200024087872

10/31/03--01059--007 **87.50

FILED

03 OCT 31 AM 9: 4;

SECRETARY OF STATE
TALLAHASSEL

11/10

TRANSMITTAL LETTER

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

SUBJECT: Mike Alderman Roofing, Inc.

	(PROPOSED CORPORA	TIE NAME – <u>MUST INCL</u>	ODE SUFFIX)
sed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	᠍\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Cop
			& Certificate
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY KEQUIKEI
		<u></u>	
FROM:	Michael R. Alderman		<u> </u>
4	Name	e (Printed or typed)	
	4544		
	4718 Italy Ave.	Address	· ÷
		11441033	
	W-11 D-1 D4	24222	
	North Port, F1.	34288 , State & Zip	- g - k - k/
	2.09	,	
	941-423-1696		
		Telephone number	

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 OCT 31 AM 9: 47

ARTICLE I NAME

The name of the corporation shall be:

Mike Alderman Roofing, Inc.

SECRETARY OF STATE TALLAHASSEE, FLÖRIÐA

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

4718 Italy Ave. North Port, Fl. 34288

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Profit

SHARES ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael Roy Alderman Owner

ARTICLE VI REGISTERED AGENT

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

Michael Alderman 4718 Italy Ave.

North Port, fl. 34288

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Michael Alderman 4718 Italy Ave. North Port, F1. 34288

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/Incorporator