

P03000132056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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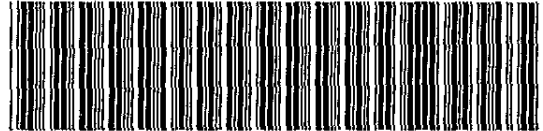
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

08/11/14

TRANSMITTAL LETTER

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

SUBJECT: East Coast Overhead Door, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Alkins
Name (Printed or typed)

720 Pine Forest Tr. E.
Address

Port Orange, FL 32127-4873
City, State & Zip

386/846-6807
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:

East Coast Overhead Door, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*720 Pine Forest Tr. E.
Port Orange, FL 32127-4873*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is:

100 (One hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Michael Alkins, Vice-Pres., 720 Pine Forest Tr. E, Port Orange, FL 32127-4873
Thomas Noble, President, 720 Pine Forest Tr. E, Port Orange, FL 32127-4873*

ARTICLE VI REGISTERED AGENT

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

*Michael Alkins
720 Pine Forest Tr. E.
Port Orange, FL 32127-4873*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Thomas Noble
720 Pine Forest Tr. E
Port Orange, FL 32127-4873*

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

Michael Alkins

Signature/Registered Agent

11-4-03

Date

Thomas Noble

Signature/Incorporator

11-4-03

Date

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03 NOV -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA