P03000 | 3331/

(Requestor's Name)
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(City/State/Zip/Phone #)
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☐ PICK-UP X WAIT ☐ MAIL
V (
(Dusings Entitle Name)
(Business Entity Name)
(Document Number)
.
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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03 NOV 17 PN 3-37 OS NOV 17 PN 3:27
SECRETARY OF STATE TALLAHASSEE, FLORDA PARE TALLAHASSEE, FLORDA PARE

5-11-17

TRANSMITTAL LETTER

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

SUBJECT:	Suncoast Cus		1	
	(PROPOSED CORPORA)	cles of incorporation and		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		James Perkins Name (Printed or typed)		
	189 Kant	Circle Address		
	Quincy, Florida 32351 City, State & Zip			
	850-228- Daytime T	1082 elephone number		

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

Suncoast Custom Home Repai	v In	.< .	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
189 Kant Circle Quincy, Florida 32351			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
ARTICLE IV SHARES The number of shares of stock is: 100		TALLAHASS	03 NOV 1
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):		SEE, FLORIDA	LED 17 PH 3-37
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:			i
James Perkins 189 Kant Circle Quincy, Florida 32351			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Debora Perkins 189 Kant Circle Quincy, Florida 32351		•	
**************************************	l corporatio	n at the place	
certificate, I am familiar with and accept the appointment as registered agent and agree t		capacity	<u>03_</u>
Signatura/Dagistarad Agent		Date	

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME

Signature/Incorporator

The name of the corporation shall be:

ARTICLE I