

P03000144689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

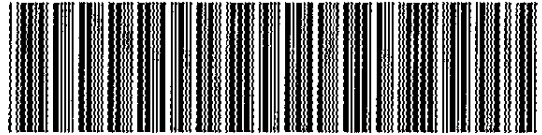
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DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

12-05-03  
B

## TRANSMITTAL LETTER

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

SUBJECT: CHRISTENSEN'S SIDING 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 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: Albert Christensen  
Name (Printed or typed)

7928 FREE AVE  
Address

JAX, FLA. 32211  
City, State & Zip

850-980-7232.  
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:

*Christensen's Siding Lnc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*P.O. Box 1491  
Woodville, Fla. 32362*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Vinly Siding*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*Albert Edward Christensen  
P.O. Box 1491  
Woodville, Fla. 32362.*

*-Director*

**ARTICLE VI REGISTERED AGENT**

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

*Albert Christensen  
614 Whittaker Rd.  
Tall. Fla. 32305.*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Albert Christensen  
P.O. Box 1491  
Woodville, Fla. 32362.*

\*\*\*\*\*

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

*Albert Christensen*

Signature/Registered Agent

Date

*Albert Christensen*

Signature/Incorporator

Date

03 DEC -5 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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