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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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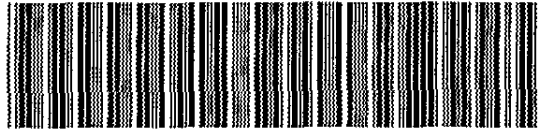
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN -9 AM 11:02

TRANSMITTAL LETTER

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

SUBJECT: Charles Cullers 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:

Charles Cullers

Name (Printed or typed)

2846 37 Ave No.

Address

St. Pete, FL 33713

City, State & Zip

727-418-3704

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:

Charles Cullers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2846 37 Ave No. ST. PETE, FL. 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Windows and Doors and Screening Installation

ARTICLE IV SHARES

The number of shares of stock is:

100 Sole owner and Stock Holder

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*Charles Cullers
2846 37 Ave No.
ST. PETE, FL. 33713
President of corp*

ARTICLE VI REGISTERED AGENT

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

*Charles Cullers
2846 37 Ave N.
ST. PETE, FL. 33713*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Charles Cullers
2846 37 Ave No.
ST. PETE, FL. 33713*

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

Charles Cullers

Signature/Registered Agent

1-6-04

Date

Charles Cullers

Signature/Incorporator

1-6-04

Date

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TALLAHASSEE, FLORIDA
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