

PO4000027685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2004 FEB -4 PM 6:07  
TALLAHASSEE FLORIDA

2/11/04

TRANSMITTAL LETTER

FILED

2004 FEB -4 PM 6:07

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

Bouchard Drywall 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Robert Bouchard

Name (Printed or typed)

273 SE Fallon Dr

Address

Port St Lucie FL 34982

City, State & Zip

772 -287-4437

Daytime Telephone number

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

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:  
BOUCHARD DRYWALL INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:  
273 SE FALLON DR.  
PORT ST LUCIE FL 34983

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:  
ROBERT BOUCHARD  
273 SE FALLON DR.  
PORT ST LUCIE FL 34983

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:  
ROBERT BOUCHARD  
273 SE FALLON DR.  
PORT ST LUCIE FL 34983

ARTICLE VI NAME OR PRINCIPLE OFFICER

THE NAME AND ADDRESS OF THE PRINCIPLE OFFICER TO

THESE ARTICLES OF INCORPORATION IS  
ROBERT BOUCHARD  
273 SE FALLON DR.  
PORT ST LUCIE FL 34983

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

  
SIGNATURE OF INCORPORATOR

DATE

I, ROBERT BOUCHARD HAVING BEEN NAMED AS REGISTERED  
AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS  
REGISTERED AGENT TO ACT IN THIS CAPACITY. I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF  
MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
SIGNATURE/REGISTERED AGENT

DATE