

P04000029178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

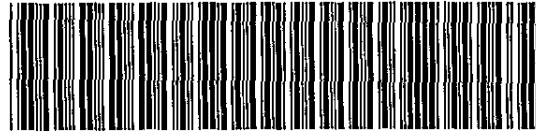
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 FEB -5 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FL

62-13

TRANSMITTAL LETTER

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

SUBJECT: Philman Drywall, 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: Guy N. Williams

Name (Printed or typed)

231 NW Burk Ave Ste 107

Address

Lake City, FL 32055

City, State & Zip

386-752-0004

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:

• Philman Drywall, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4610 SW CR 236
Bell, FL 32619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall subcontractor

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vernon Denton Philman, President
4610 SW CR 236
Bell, FL 32619

ARTICLE VI REGISTERED AGENT

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

Vernon D. Philman
4610 SW CR 236
Bell, FL 32619

ARTICLE VII INCORPORATOR

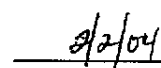
The name and address of the Incorporator is:

Guy N. Williams
231 NW Burk Ave Ste 107
Lake City, FL 32055

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



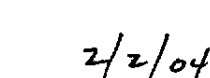
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA