

P04000032525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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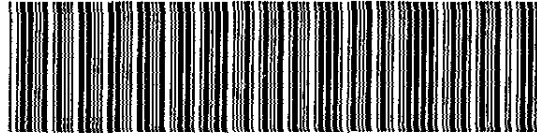
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

8/1/19

TRANSMITTAL LETTER

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

SUBJECT: Charles Squillacote, 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: Charles Squillacote
Name (Printed or typed)
435 S. Ridgewood Ave. #210
Address
Daytona Beach, FL 32114
City, State & Zip
(386) 255-5454
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 Squillacote, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

435 S. Ridgewood Ave. #210
Daytona Beach, Fl. 32114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpentry Work

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charles Squillacote
215 Greenbriar Ave.
Ormond Beach, Fl. 32174

ARTICLE VI REGISTERED AGENT

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

Charles Squillacote
215 Greenbriar Ave.
Ormond Beach, Fl. 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

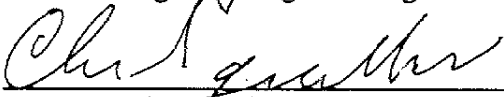
Charles Squillacote
215 Greenbriar Ave.
Ormond Beach, Fl. 32174

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

2/9/04
Date



Signature/Incorporator

2/9/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA