

P04000127597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

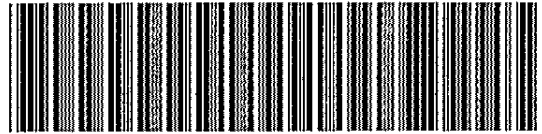
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4
D. WHITE SEP 9 2004



500040629695

09/08/04--01058--001 **87.50

FILED

2004 SEP - 8 A 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MASADA REMODELING & REPAIRS, 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: PHILIP G. POPA
Name (Printed or typed)

929-A TAMiami TR.
Address

PORT CHARLOTTE, FL 33953
City, State & Zip

941-625-9065
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)

FILED

2004 SEP -8 A 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MASADA REMODELING + REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

929-A TAMiami TR.
PORT CHARLOTTE, FL 33953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION REMODELING
AND REPAIR WORK

ARTICLE IV SHARES

The number of shares of stock is: (1,000) ONE THOUSAND - TEN CENTS par value

PHILIP G. POPA - 50%
SHARON S. POPA - 50%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PHILIP G. POPA - PRES. + V.P.
23414 PAINTER AV.
PORT CHARLOTTE, FL 33954

SHARON S. POPA - SEC. TREAS
23414 PAINTER AV.
PORT CHARLOTTE, FL 33954

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

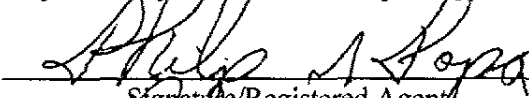
PHILIP G. POPA
23414 PAINTER AV.
PORT CHARLOTTE, FL 33954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHILIP G. POPA - PRES. / V.P.
929-A TAMiami TR.
PORT CHARLOTTE, FL 33953

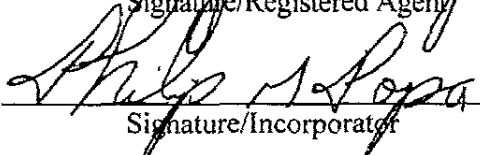
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8-30-04

Date



Signature/Incorporator

8-30-04

Date