

P05000012191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

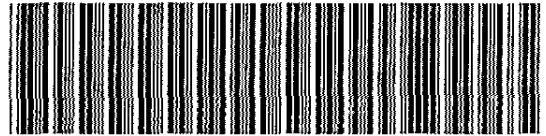
(Document Number)

Certified Copies 1

Certificates of Status

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Office Use Only



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01/25/05--01025--023 **78.75

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 JAN 25 AM 11:12

RECEIVED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JAN 25 AM 11:50

ms. 1/25

TRANSMITTAL LETTER

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

SUBJECT: S. SHREVE CUSTOM TRIM, 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: Scotty Shreve

Name (Printed or typed)

10220 Dillon Avenue

Address

Hastings FL 32145

City, State & Zip

(904) 347-3502

Daytime Telephone Number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 25 AM 11:50

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:

S. SHREVE CUSTOM TRIM, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10220 Dillon Avenue

Hastings FL 32145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Contracting

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s):

Scotty Shreve, President

10220 Dillon Avenue

Hastings FL 32145

ARTICLE VI REGISTERED AGENT

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

Scotty Shreve

10220 Dillon Avenue

Hastings FL 32145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

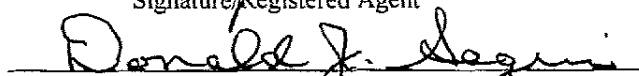
Donald J. Segui

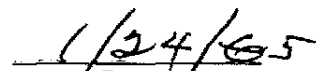
2120 US 1 South, Suite 115

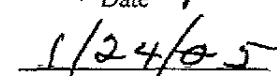
St Augustine FL 32086

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


Signature/Incorporator


Date


Date