

P05000012196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

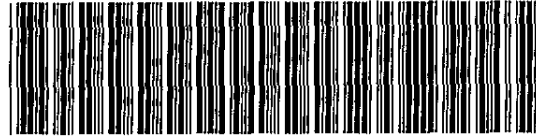
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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01/25/95-201001-001 *1-8, 15

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DIVISION OF CORPORATIONS
05 JAN 25 AM 11:53

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05 JAN 25 AM 11:11
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

bm 1/25

TRANSMITTAL LETTER

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

SUBJECT: **TWO OLD MEN, 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: **Richard L. Haven**

Name (Printed or typed)

115 Dowda Circle

Address

Crescent City FL 32112

City, State & Zip

(386) 467-3590

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:

TWO OLD MEN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

115 Dowda Circle
Crescent City FL 32112

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):

Richard L. Haven, Pres	Robert Pringle, Vice Pres	David D. Corwin, Treas
115 Dowda Circle	100 Brown Fish Camp Road	1269 CR 309
Crescent City FL 32112	Crescent City FL 32112	Crescent City FL 32112

ARTICLE VI REGISTERED AGENT

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

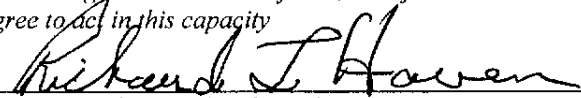
Richard L. Haven
115 Dowda Circle
Crescent City FL 32112

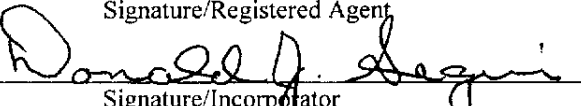
ARTICLE VII INCORPORATOR

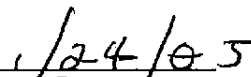
The name and address of the Incorporator is:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 25 AM 11:53