

PO5.0000120325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

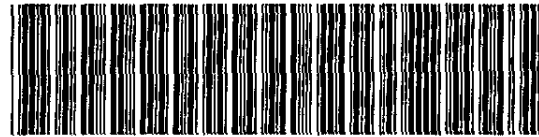
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
OF
MISSISSIPPI
RECORDING

TRANSMITTAL LETTER

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

SUBJECT: Enterprise Roofing Of Northwest Florida 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: _____ Paul C. Wilkinson
Name (Printed or typed)

_____ 23 12th. Ave
Address

_____ Shalimar, Fl 32579
City, State & Zip

_____ (850) 582-9448
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:

Enterprise Roofing of Northwest Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

26 Tupelo st.
Ft. Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit company as a roofing contractor.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul C. Wilkinson President / CEO
23 12th ave.
Shalimar FL 32579

ARTICLE VI REGISTERED AGENT

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

Paul C. Wilkinson
23 12th. ave.
Shalimar FL 32579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul C. Wilkinson
23 12th ave.
Shalimar FL 32579

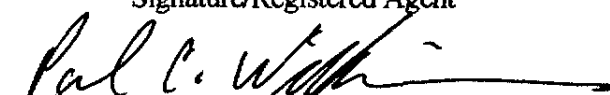
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

08/27/05

Date



Signature/Incorporator

08/27/05

Date

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION