

POS000149592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

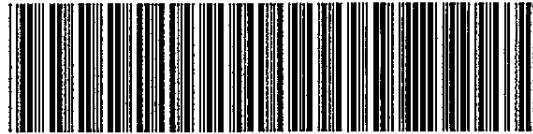
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/09/05--01032--004 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 09 2005

COVER LETTER

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

SUBJECT: BILL SHUMAKER CONSTRUCTION, 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: MELINDA SHUMAKER
Name (Printed or typed)

503 LARGOVISTA DR
Address

OAKLAND, FL 34787
City, State & Zip

321-377-1736
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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:

BILL SHUMAKER CONSTRUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

503 LARGOVISTA DR., OAKLAND, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT ZERO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BILL SHUMAKER-CEO
503 LARGOVISTA DR.
OAKLAND, FL 34787

ARTICLE VI REGISTERED AGENT

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

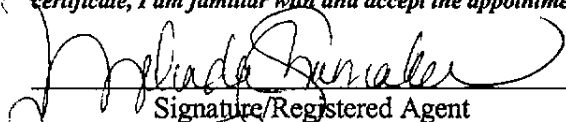
MELINDA SHUMAKER
503 LARGOVISTA DR.
OAKLAND, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MELINDA SHUMAKER
503 LARGOVISTA DR.
OAKLAND, FL 34787

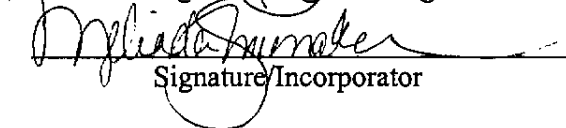
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/8/05

Date



Signature/Incorporator

11/8/05

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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