

P06000006570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

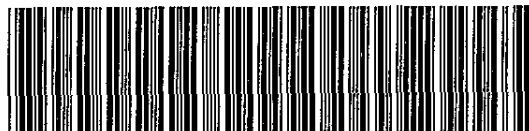
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 JAN 13 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 18 2006

COVER LETTER

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

SUBJECT: _____

TRADEWINDS Excavation Co., 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: _____

Madison E. Alwardt, JR

Name (Printed or typed)

39002 Oldfield Crossing Drive, Apt 6025

Address

Jacksonville, FL 32223

City, State & Zip

904-716-7685

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:

TRADEWINDS EXCAVATION CO., INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3900 OLDFIELD CROSSING Drive, Apt. 605
JACKSONVILLE, FL 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXCAVATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MADISON ALWARD, JR. 3900 OLDFIELD CROSSING DRIVE, Apt. 605, JACKSONVILLE, FL 32223 / President
JASON ALWARD, 2133 DOKEY HOLLOW DR. NW, KENNESAW, GA 30152 / TREASURER
RYAN ALWARD 4083 Sunbeam Rd, Apt 101, Jacksonville, FL 32257

* ALL OFFICERS ARE DIRECTORS

ARTICLE VI REGISTERED AGENT

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

MADISON ALWARD, JR.

3900 OLDFIELD CROSSING DRIVE, Apt 605, JACKSONVILLE, FL 32223

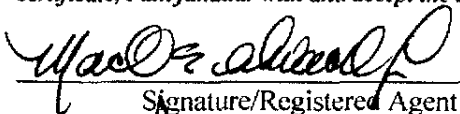
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

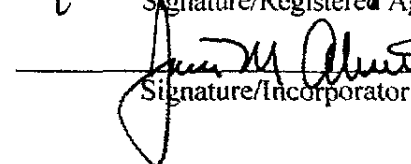
JASON ALWARD

2133 DOKEY HOLLOW DRIVE, NW, KENNESAW, GA 30152

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


Date


Signature/Incorporator


Date

FILED
06 JAN 13 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA