

706000018980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 FEB -9 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06 FEB -9 PM 3:29

STATE DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

J. Shivers FEB 09 2006

COVER LETTER

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

SUBJECT: Woodville Drywall / JMK
(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: James R. Farnell
Name (Printed or typed)

P.O. Box 773
Address

Woodville Fla. 32362
City, State & Zip

(850) - 228-0003
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Woodville Drywall Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 773 Woodville Fla. 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall

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):

James R. Fewell 50 President
Ronald E. Nettles 30 Vice President

ARTICLE VI REGISTERED AGENT

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

234 Centerline Rd. Crawfordville Fla. 32327

James R. Fewell

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James R. Fewell
234 Centerline Rd
Crawfordville, FL 32327

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2-9-06

Date

2-9-06

Date