

P16500137260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

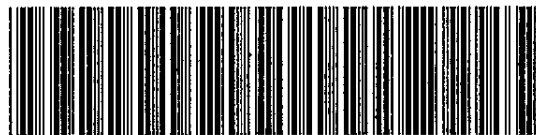
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COVER LETTER

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

SUBJECT: O & S ROOFING DISTRIBUTORS, 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: Mark S. Sokolow

Name (Printed or typed)

15969 S.W. 13 Street

Address

Pembroke Pines, FL 33027

City, State & Zip

954-430-9987

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:

O & S ROOFING DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18503 Pines Boulevard
Suite 210
Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for the purpose of transacting any and all lawful business authorized by the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mark S. Sokolow, President/Secretary
15969 S.W. 13 Street
Pembroke Pines, FL 33027

ARTICLE VI REGISTERED AGENT

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

Mark S. Sokolow
15969 S.W. 13 Street
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark S. Sokolow
15969 S.W. 13 Street
Pembroke Pines, FL 33027

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

MARK SOKOLOW

Signature/Incorporator

MARK SOKOLOW

Date

Date

03-10-06

03-10-06

06 MAR 14 PM 2:28

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CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA