

POL 000099080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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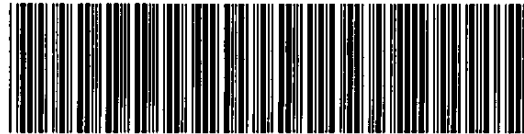
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pa

COVER LETTER

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

SUBJECT: IDEAL ROOFING & RENOVATIONS, 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: DAVID HINES
Name (Printed or typed)

19629 BISCAYNE BAY DRIVE
Address

BOCA RATON FL 33498
City, State & Zip

(412) 612-4671
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:

IDEAL ROOFING & RENOVATIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

19629 BISCAYNE BAY DR BOCA RATON, FL 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID HINES 19629 BISCAYNE BAY DR BOCA RATON, FL 33498
PRESIDENT / SECRETARY

JOYCE HINES 974 PAPAYA LN WINTER SPRINGS, FL 32708
VICE PRESIDENT / TREASURER

ARTICLE VI REGISTERED AGENT

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

DAVID HINES
19629 BISCAYNE BAY DR BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID HINES
19629 BISCAYNE BAY DR BOCA RATON, FL 33498

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

DAVID HINES

Date

Date

FILED
06 JUL 27 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA