

PD6000131866

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(City/State/Zip/Phone #)

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06 OCT 17 PM 12:55

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

06 OCT 17 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S. 10-17

## COVER LETTER

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

SUBJECT: Adams Carpentry  
(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 D. Adams  
Name (Printed or typed)

1935 Jackson Bluff Rd.  
Address

Tallahassee Fl. 32304  
City, State & Zip

850 575 3284  
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:

*Adams Carpentry Corp*

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*1935 Jackson Bluff Rd.  
Tallahassee, Fl. 32304*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Work*

## ARTICLE IV SHARES

The number of shares of stock is:

*1*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*James Adams owner  
1935 Jackson Bluff Rd.  
Tallahassee Fl 32304*

## ARTICLE VI REGISTERED AGENT

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

*James Adams  
1935 Jackson Bluff Rd.  
Tall. Fl. 32304*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*James Adams  
1935 Jackson Bluff Rd. Tall, FL. 32304*

\*\*\*\*\*  
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

*J.A. Adams*  
\_\_\_\_\_  
Signature/Registered Agent

*10/17/04*  
\_\_\_\_\_  
Date

*J.A. Adams*  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date