

PO7000080422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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FILED
07 JUL 13 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: A+ Acoustical Ceilings, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sarah K. Lovejoy-Story

Name (Printed or typed)

8646 Vista Pine Ct.

Address

Orlando, FL 32836

City, State & Zip

(407) 363-5550

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:

A + Acoustical Ceilings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8646 Vista Pine Ct., Orlando, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide construction services

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sarah Lovejoy-Story, President, Secretary

Lloyd Story, Vice President, Treasurer

ARTICLE VI REGISTERED AGENT

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

Sarah Lovejoy-Story

8646 Vista Pine Ct.

Orlando, FL 32836

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

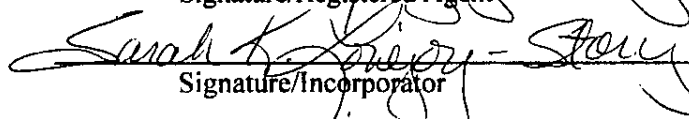
Sarah Lovejoy-Story

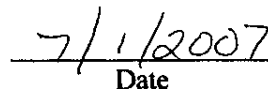
8646 Vista Pine Ct.

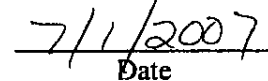
Orlando, FL 32836

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


Date


Date

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TALLAHASSEE, FLORIDA