

P08000092024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

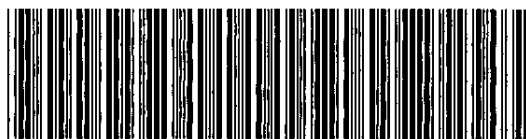
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-10-08
400

COVER LETTER

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

SUBJECT: Stone Coated Roofing Supply, 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: Patrick Eckerd

Name (Printed or typed)

2322 Zuyder Ter.

Address

North Port, FL 34286

City, State & Zip

941-587-3866

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:

Stone Coated Roofing Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2322 Zuyder Ter., North Port, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales of Roofing Supplies

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):

Patrick Eckerd
2322 Zuyder Ter.
North Port, FL 34286
President

ARTICLE VI REGISTERED AGENT

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

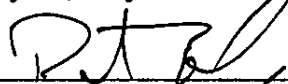
Patrick Eckerd
2322 Zuyder Ter.
North Port, FL 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patrick Eckerd
2322 Zuyder Ter.
North Port, FL 34286

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

10/01/2008

Date



Signature/Incorporator

10/01/2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA