

PD 8000108324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

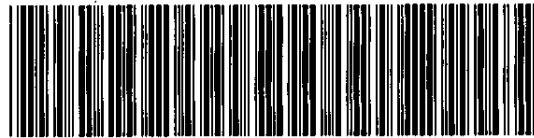
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please note
eff. Date 1-1-09

Office Use Only



800138879328

12/15/08--01004--017 **70.00

RECEIVED
08 DEC 15 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 DEC 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/15/08

COVER LETTER

EFFECTIVE DATE
1/1/09

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

SUBJECT: GAVINS CONSTRUCTION, 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: JAMES GAVINS
Name (Printed or typed)

1613 PAULA DRIVE
Address

TALLAHASSEE, FLORIDA 32303
City, State & Zip

850 765 0292
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED
09 DEC 15 AM 11:56
TALLAHASSEE, FLORIDA

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: GAVCON, INC.

EFFECTIVE DATE 1/1/09

ARTICLE II PRINCIPAL OFFICE

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

1613 PAULA DRIVE
TALLAHASSEE FLORIDA
32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES GAVINS PRESIDENT, VICE PRESIDENT
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303
TERRI GAVINS SECRETARY, TREASURER
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303

ARTICLE VI REGISTERED AGENT

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

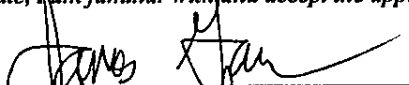
JAMES GAVINS
1613 PAULA DRIVE
TALLAHASSEE, FLORIDA 32303

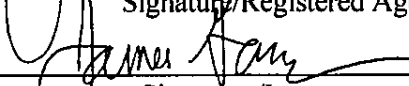
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES GAVINS
1613 PAULA DRIVE
TALLAHASSEE FLORIDA 32303

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

11/25/08

Date
11/25/08

Date