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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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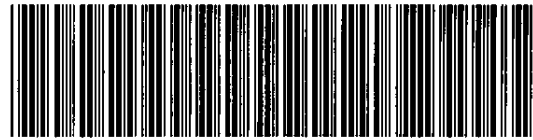
(Business Entity Name)

(Document Number)

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2010 NOV 22 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 23 2010

## COVER LETTER

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

SUBJECT: Cut-Rite Concrete Services, 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: Kevin Galloway  
Name (Printed or typed)

P.O. Box 141375 Gainesville, FL 32614-1375  
Address

Gainesville, FL 32614-1375  
City, State & Zip

352-225-2533  
Daytime Telephone number

gallowayfamilyconstruction@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

10 NOV 22 PM 12:35

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 3, 2010

KEVIN GALLOWAY  
PO BOX 141375  
GAINESVILLE, FL 32614-1375

SUBJECT: CUT-RITE CONCRETE SERVICES, INC.  
Ref. Number: W10000051522

We have received your document for CUT-RITE CONCRETE SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 910A00025908

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: Cut-Rite Concrete Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4711 SW 76<sup>th</sup> Terrace  
Gainesville, FL  
32608

Mailing address, if different is:  
P.O. Box 141375  
Gainesville, FL  
32614-1375

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transacting any and all lawful business for which corporations may be incorporated in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 500 Common shares with par value of (\$1.00) one dollar

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kevin Galloway Director  
Address: 4711 SW 75<sup>th</sup> Terrace  
Gainesville, FL  
32608

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Jason Galloway - Director  
Address: 111 Mayo St.  
Interlachen, FL  
32148

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Kevin Galloway  
Address: 4711 SW 75<sup>th</sup> Terrace  
Gainesville, FL 32608

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kevin Galloway  
Address: 4711 SW 75<sup>th</sup> Terrace  
Gainesville, FL 32608

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]  
Required Signature/Registered Agent

10/19/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

10/19/10  
Date

FILED  
2010 NOV 22 PM 3:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA