

P11000004328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

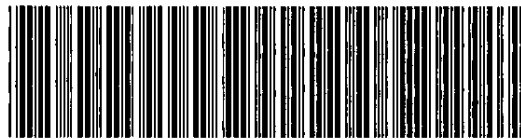
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: John T. Schnell, 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

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

FROM: John T. Schnell

Name (Printed or typed)

PO Box 618407

Address

Orlando, FL 32861

City, State & Zip

407-509-2592

Daytime Telephone number

JohnSchnell@bellsouth.net

E-mail address: (to be used for future annual report notification)

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: John T. Schnell, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
221 Kissimmee Avenue
Ocoee, FL 34761

Mailing address, if different is:
PO Box 618407
Orlando, FL 32861

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Construction, construction management and related activities and other legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John T. Schnell, PD Name and Title:
Address: PO Box 618407 Address:
Orlando, FL 32861

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

ARTICLE VI REGISTERED AGENT

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

Name: Douglas F. Long
Address: 1000 West McNab Road
Pompano Beach, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Douglas F. Long
Address: 1000 West McNab Road
Pompano Beach, FL 33069

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

Douglas F. Long

Required Signature/Registered Agent

1/10/2011

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.

Douglas F. Long

Required Signature/Incorporator

1/10/2011

Date

2011 JAN 13 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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