

P11000027618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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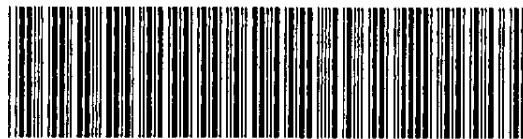
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 MAR 17 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
3/21

## COVER LETTER

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

SUBJECT: **M&L DRYWALL CO**

(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: mike bottoni

Name (Printed or typed)

192 golf club ln

Address

venice fl

City, State & Zip

941 460 3456

Daytime Telephone number

redrobin291@live.com

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)

**FILED**

11 MAR 17 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME** M&L DRYWALL CO.,  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
192 golf club ln  
venice fl 34293

Mailing address, if different, is

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
to hang drywall tape & texture

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: mike bottoni vice pres  
Address: 192 golf club ln  
venice fl 34293

Name and Title: lisa bottoni PRES.  
Address: 192 golf club ln  
venice fl 34293

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

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: langdon, allen e phd  
Address: 125 first street  
nokomis fl 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: mike bottoni  
Address: 192 golf club ln  
venice fl 34293

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

Allen E. Langdon P.H.D.

Required Signature/Registered Agent

03 09 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.

M.L. Bottoni

Required Signature/Incorporator

03 09 2011

Date