

P110000035577

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2011 APR 11 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
4-11-11

**COVER LETTER**

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

**SUBJECT:** Dean Russell Custom Homes, 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:** Dean Russell  
Name (Printed or typed)

480 Osceola Avenue  
Address

Jacksonville, FL 32250  
City, State & Zip

904-241-3334  
Daytime Telephone number

2x4@deanrussellconstruction.com ✓  
E-mail address: (to be used for future annual report notification)

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**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**

Dean Russell Custom Homes, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
480 Osceola Avenue  
Jacksonville Beach, FL 32250

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Residential and commercial construction of single family residences, townhomes, apartments, office buildings; framing contractor; renovations and repairs of residential and commercial structures, and all lawful business allowed under the laws of the State of Florida or the United States of America.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Catherine A Russell - President Name and Title: \_\_\_\_\_  
Address: 331 South Roscoe Blvd Address: \_\_\_\_\_  
Ponte Vedra, FL 32082

Name and Title: Dean W Russell - Secretary Name and Title: \_\_\_\_\_  
Address: 331 South Roscoe Blvd Address: \_\_\_\_\_  
Ponte Vedra, FL 32082

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: Tammi Milikin  
Address: 480 Osceola Ave  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tammi Milikin  
Address: 480 Osceola Ave  
Jacksonville, FL 32250

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



Required Signature/Registered Agent

4-2-2011

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.



Required Signature/Incorporator

4-2-2011

Date

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