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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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## **COVER LETTER**

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

SUBJECT: Reed Builders	hc . DRATE NAME - <u>MUST INCLUDE SUFFIX</u> )
(PROPOSED CORPO	PRATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate o Status
	ADDITIONAL COPY REQUIRED
FROM: <u>Peter Reed</u>	ame (Printed or typed)
3005 Hawth	orne St.
	Address
Sarasok	FL 34239 ity, State & Zip
C	ity, State & Zip
941 32	3 6661
Daytim	e Telephone number
<u>Aupres</u> @ mac 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)

	PRINCIPAL OFFICE	34 77 11	10.1100
	Principal <u>street</u> address 3005 Hawthorne S	Mailing address,	
	Sarasole FL		
•	34239		
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ARTICLE III	PURPOSE		
	which the corporation is organized is:		
buildi	ing construction		
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ARTICLE IV	SHARES		器制 ·5
	ares of stock is: 100		
The named of bit	ares of steelers. , o		
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>rectors</u>	
Name and T	litle: Peter Reed, Pre	sident Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address:	3005 Haw thome	SF Address:	
	Sarisot Pl		
	34239		<del></del>
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		pantable) of the registered agent is:	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acc Peter Reed		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acc Peter Reed 3005 Hawthon	no st	
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acc Peter Reed	no st	
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