

P11000057829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800207919948

05/26/11--01005--019 **87.50

11 JUN 20 AM 11:54
RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

411000029

COVER LETTER

RECEIVED

11 JUN 20 PM 1:44

DIVISION OF CORPORATIONS

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

SUBJECT: Dimension Builders of Southwest Florida, 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: Kimberly Crews

Name (Printed or typed)

4121 NE 15th Ave

Address

Cape Coral, FL 33909

City, State & Zip

239-699-6017

Daytime Telephone number

kecrews74@aol.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)

ARTICLE I NAME

The name of the corporation shall be: Dimension Builders of Southwest Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4121 NE 15th Ave
Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Florida Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Runk, Pres., Treas
Address: 4121 NE 15th Ave
Cape Coral, FL 33909

Name and Title: Kimberly Crews, Vice Pres, Sec
Address: 4121 NE 15th Ave
Cape Coral, FL 33909

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: Kimberly Crews
Address: 4121 NE 15th Ave
Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Crews
Address: 4121 NE 15th Ave
Cape Coral, FL 33909

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

Kimberly Crews

Required Signature/Registered Agent

6/17/11

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.

Kimberly Crews

Required Signature/Incorporator

6/17/11

Date

RECEIVED
JUN 20 2011
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

11 JUN 20 AM 11:56

APPROVED
JUN 20 2011
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399