

P 11000064623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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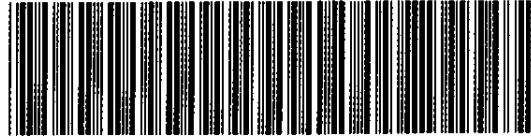
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL 19 PM 1:55
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
11 JUL 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

JUL 19 2011

COVER LETTER

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

SUBJECT: _____

CAPITAL CITY SIDING 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: JOHN H DURNIL
Name (Printed or typed)

722 CROSSWAY ROAD
Address

TALL, FL 32305
City, State & Zip

850-574-4418
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL 32304

11 JUL 19 PM 2:00

FILED

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: CAPITAL CITY SIDING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

722 CROSSWAY RD
TALL, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALLING VINYL SIDING ON NEW OR PRE-EXISTING STRUCTURES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN H DURNIL Name and Title: _____

Address: 722 CROSSWAY RD Address: _____

TALL, FL 32305
PRESIDENT, DIRECTOR, SECRETARY + TREASURER

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: JOHN H DURNIL

Address: 722 CROSSWAY RD

TALL, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN H DURNIL

Address: 722 CROSSWAY RD

TALL, FL 32305

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

John H Durnil
Required Signature/Registered Agent

7/19/11
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.

John H Durnil
Required Signature/Incorporator

7/19/11
Date

FILED
11 JUL 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA