P12000044309

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	IL			
(Business Entity Name)	· · ·			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



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05/10/12--01018--003 **78.75

12 MAY 10 PH 2: 35
SECRETARY OF STATE
ALLAHASSEF FINALE

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COVER LETTER

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

SUBJECT: Connors Vinyl Siding I	nc
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Jessie D. Connor Nam	e (Printed or typed)
10304 Anson Rd	Address
Jacksonville, Florida 32	2246 State & 7 in
904-379-4476	Felephone number
·	ed 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 The name of the co	NAME Connors Vinyl Siding rporation shall be:	Inc	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	0304 Anson Rd.		
ن اء 	acksonville, Florida 32246		
ARTICLE III	PIPPOSE		
	hich the corporation is organized is:		70 5
	wful business		TALLAHASSEE, FLORIF
ARTICLE IV	<u>SHARES</u>		5. 5.
The number of shar	es of stock is: 100		经验
APTICI P 11	INITIAL OFFICERS AND/OR DIRECT	O D O	9 m
	tic:Jessie D. Connor president		•
Address:	10304 Anson Rd		
	Jacksonville Florida 32246		
	tle:	Name and Title:	
Address:	<u></u>	Address:	
			
Name and Tie	tle:	Name and Title:	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	Jessie D. Connor		
Address:	10304 Anson Rd		
	Jacksonville Florida 32246		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Jessie D. Connor		
Address:	10304 Anson Rd Jacksonville Florida 32246		
	d as registered agent to accept service of pro a familiar with and accept the appointment as		
			05/09/2012
1	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein o		
locument to the De	partment of State constitutes a third degree fel	ony as provided for in s.817.15	55, F.S.
			05/00/2042
/	Required Signature/Incorporator		05/09/2012 Date
,	reduter piguamie menikomen		Date