

P12000048456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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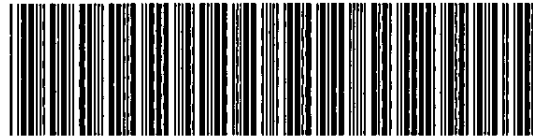
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAY 23 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/24/12

## COVER LETTER

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

SUBJECT: **PHD Drywall, 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: **Phillip Humphrey**

Name (Printed or typed)

**6947 Robinson Rd.**

Address

**Jacksonville, Fl. 32220**

City, State & Zip

**904-616-7107**

Daytime Telephone number

**phumphre1@bellsouth.net**

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**

PHD Drywall, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6947 Robinson Rd.  
Jacksonville, Florida  
32220

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
drywall and repairs

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Phillip D. Humphrey / <u>PRESIDENT</u>	Name and Title: _____
Address: 6947 Robinson Rd.	Address: _____
Jacksonville, Fl	_____
32220	_____

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: Phillip D. Humphrey  
Address: 6947 Robinson Rd.  
Jacksonville, Fl 32220

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Phillip D. Humphrey  
Address: 6947 Robinson Rd.  
Jacksonville, Fl 32220

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

Phillip D. Humphrey  
Required Signature/Registered Agent

5/11/12  
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.

Phillip D. Humphrey  
Required Signature/Incorporator

5/11/12  
Date

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