

P1200000658676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

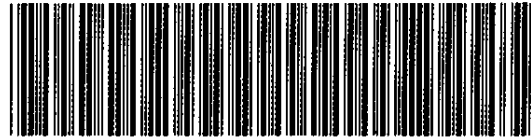
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200238189492

08/08/12--01014--020 **78.75

12 AUG - 8 PM 4:24

8/9

COVER LETTER

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

SUBJECT: Florida Window Medics 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: David Grant Heath

Name (Printed or typed)

PO Box 1833

Address

Silver Springs, FL 34489

City, State & Zip

352-484-5697

Daytime Telephone number

dheath1970@gmail.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: Florida Window Medics Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3892 NE 40 Place Unit F
Ocala, FL 34479

Mailing address, if different is:

PO Box 1833
Silver Springs, FL 34489

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This is a for profit corporation that deals in screen enclosures and windows.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Grant Heath, President
Address: PO Box 1833
Silver Springs, FL 34489

Name and Title: _____
Address: _____

Name and Title: Colden Grant Heath, Vice President
Address: PO Box 1833
Silver Springs, FL 34489

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: David Grant Heath
Address: 3892 NE 40 Place Unit F
Ocala, FL 34479

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Grant Heath
Address: 3892 NE 40 Place Unit F
Ocala, FL 34479

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

Required Signature/Registered Agent

8-6-12
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.

Required Signature/Incorporator

8-6-12
Date

12 AUG - 8 PM 4: 24