

P1300003366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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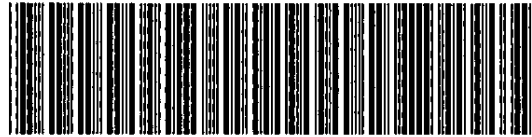
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN - 9 AM 10:53

PS 1/10/13

COVER LETTER

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

SUBJECT: **SC Signature Roofing Corporation**

(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: **Joseph G. Matissek**

Name (Printed or typed)

8530 Oreto Drive

Address

Port Richey, FL 34668

City, State & Zip

727-842-5163

Daytime Telephone number

mj@scsignatureconstruction.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **SC Signature Roofing Corporation**

13 JAN -9 AM 10:53

ARTICLE II PRINCIPAL OFFICE

Principal street address

8530 Oreto Drive
Port Richey, FL 34668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Roofing Company**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Joseph G. Matissek - President**
Address: **8504 Airway Blvd.
New Port Richey, FL 34654**

Name and Title: **Donald Faunce - Treasurer**
Address: **5127 Colchester Ave
Spring Hill, FL 34608**

Name and Title: **Donald Faunce - Vice President**
Address: **5127 Colchester Ave
Spring Hill, FL 34608**

Name and Title: _____
Address: _____

Name and Title: **Joseph G. Matissek - Secretary**
Address: **8504 Airway Blvd.
New Port Richey, FL 34654**

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: **Joseph G. Matissek**
Address: **8504 Airway Blvd.
New Port Richey, FL 34654**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

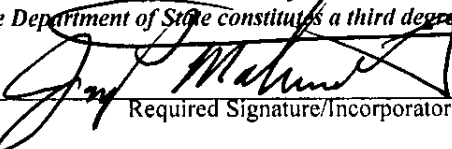
Name: **Joseph G. Matissek**
Address: **8504 Airway Blvd
New Port Richey, FL 34654**

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

1/2/13
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

1/2/13
Date