

P13000003871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

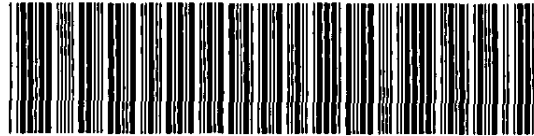
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242682753

01/11/13--01011--021 **87.50

FILED

13 JAN 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE

13 JAN 11 PM 12:44

π 01/11/13



January 10, 2013

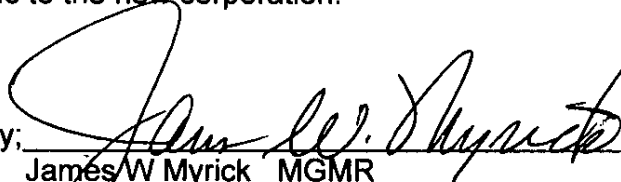
Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

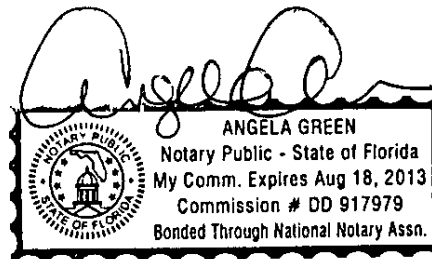
FILED
13 JAN 11 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern,

Insulated Concrete Walls, LLC desires to create a sister company named Insulated Concrete Walls, Inc.

I hereby give my permission to allow the issuance of the name of Insulated Concrete Walls, Inc to the new corporation.

By: 
James W Myrick MGMR
Insulated Concrete Walls, LLC
605 N W Mercantile Place
Port St Lucie, Florida 34986



1

INITIAL _____

605 NW MERCANTILE PLACE • PORT ST. LUCIE, FL 34986
PHONE: 877-4IC-WALL • FAX: 772-336-5104 • WEB: WWW.ICWALLS.COM



COVER LETTER

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

SUBJECT: INSULATED CONCRETE WALLS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **James W Myrick**
Name (Printed or typed)
605 N W Mercantile Place
Address
Port St Lucie, Fl. 34986
City, State & Zip
386-336-0608
Daytime Telephone number
jmyrick@icwalls.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: INSULATED CONCRETE WALLS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

605 NW Mercantile Place

Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James W. Myrick---Vice Pres.

Name and Title: _____

Address: 702 S E Essex Drive

Address: _____

Port St. Lucie, FL 34984

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
13 JAN 11 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: James W Myrick
Address: 605 N W Mercantile Place
Port St Lucie, Fl. 34986

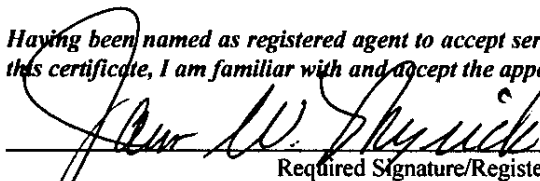
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James W Myrick
Address: 605 N W Mercantile Place
Port St Lucie, Fl. 34986

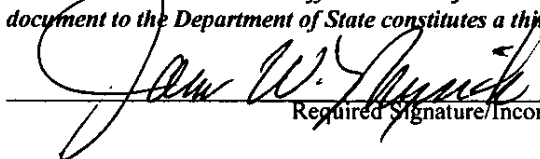
FILED
13 JAN 11 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

January 10, 2013
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

January 10, 2013
Date