

P13000017930

(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

2544-  
W13000005410



100243877391

01/25/13--01018--014 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 22 PM 3:44

2/25/13

## COVER LETTER

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

SUBJECT: **The Webb Company**

(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: **Scott Webb**

Name (Printed or typed)

**291 Altamonte Bay Club Circle, Apt#202**

Address

**Altamonte Springs, FL 32701**

City, State & Zip

**4073348346**

Daytime Telephone number

**sendscottemail@yahoo.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 22 PM 3:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2013 FEB 22 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 28, 2013

SCOTT WEBB  
291 ALTAMONTE BAY CLUB CIRCLE  
APT. #202  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: THE WEBB COMPANY  
Ref. Number: W13000005410

We have received your document for THE WEBB COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00002076

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 22 PM 3:44

**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: The Boon Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

13 FEB 22 PM 3:44  
Mailing address, if different is:

291 Altamonte Bay Club Circle

Apt #202

Altamonte Springs, FL 327012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To pay the necessary taxes for any income received for services rendered.

**ARTICLE IV SHARES** 1,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Elaine Webb, CEO

Address 291 Altamonte Bay Club Cir

Apt #202

Altamonte Springs, FL 32701

Name and Title: Scott Webb, COO

Address: 291 Altamonte Bay Club Cir

Apt #202

Altamonte Springs, FL 32701

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Scott Webb  
Address: 291 Altamonte Bay Club Circle, Apt#202  
Altamonte Springs, FL 32701

**ARTICLE VII INCORPORATOR**

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

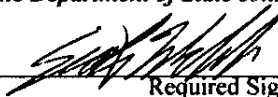
Name: Scott Webb  
Address: 291 Altamonte Bay Club Circle, Apt#202  
Altamonte Springs, FL 32701

*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

1/21/2013  
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

1/21/2013  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 22 PM 3:44