

P13000025132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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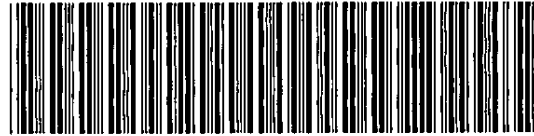
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 15 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Over

COVER LETTER

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

SUBJECT: Tri-County Windows and Doors 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: Paul Morra

Name (Printed or typed)

1670 NEWHAVEN PT. LANE

Address

WEST PALM BEACH FL 33411

City, State & Zip

561-707-561

Daytime Telephone number

pncmorra@comcast.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

The name of the corporation shall be: Tri-County Windows and Doors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1670 NEWHAVEN PT. LANE

WEST PALM BEACH FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell windows and doors to contractors and consumers

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL MORRA PRES.

Name and Title: _____

Address 1670 NEWHAVEN PT. LANE

Address: _____

WEST PALM BEACH FL 33411

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: PAUL MORRA
Address: 1670 NEWHAVEN PT. LANE
WEST PALM BEACH FL 33411

Paul Morra

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL MORRA
Address: 1670 NEWHAVEN PT. LANE
WEST PALM BEACH FL 33411

Paul Morra

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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

Paul Morra

Required Signature/Registered Agent

03/10/2013
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.

Paul Morra

Required Signature/Incorporator

03/10/2013
Date