

P13000027530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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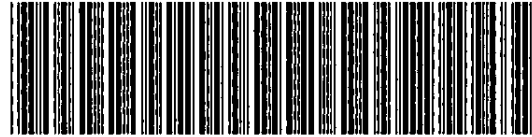
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 MAR 25 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB  
3/26/13

## COVER LETTER

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

SUBJECT: **Rooney's Dreambuilders 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: **Mark Rooney**

Name (Printed or typed)

**864 creighton rd**

Address

**Fleming Island, Florida 32003**

City, State & Zip

**904-269-4777**

Daytime Telephone number

**roon4623@bellsouth.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Rooney's Dreambuilders Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

864 creighton rd

864 creighton rd

fleming island, florida 32003

Fleming Island, Florida 32003

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mark Rooney , owner

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

Address 864 Creighton Rd

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

Fleming Island Florida

32003

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

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

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

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

(conti.)

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13 MAR 25 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Mark Rooney

Address:

864 Creighton Rd

Fleming Island, Florida 32003

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Mark Rooney

Address:

864 Creighton rd

Fleming Island, fl 32003

*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*

Mark Rooney

Required Signature/Registered Agent

3-19-13

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.*

Mark Rooney

Required Signature/Incorporator

3-19-13

Date