

P130000064658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

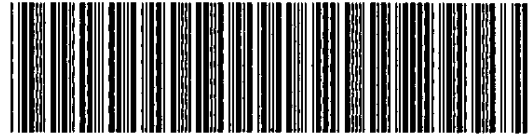
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



400250296754

08/01/13--01020--005 **78.75

Special Instructions to Filing Officer:

Mr. Owen **GAVE**
AUTHORIZATION BY PHONE TO
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COVER LETTER

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

SUBJECT: **Diversified General Contracting Group, 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: **Darryl Owen**
Name (Printed or typed)
13762 West SR 84, Suite 264
Address
Davie, FL 33325
City, State & Zip
954-993-7181
Daytime Telephone number
Darryl@HungryHandymanCrew.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: Diversified General Contracting Group, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Darryl Owen

13762 West SR 84, Suite 264

Davie, FL 33325

Mailing address, if different is:

13762 West SR 84, Suite 264

Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transacting any and all business under Chapter 607 and/or
Chapter 621 F.S.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darryl Owen - Pres

Address 13762 West SR 84, Suite 264

Davie, FL 33325

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Darryl Owen
Address: 13762 West SR 84, Suite 264
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darryl Owen
Address: 13762 West SR 84, Suite 264
Davie, FL 33325

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

Darryl Owen 7/25/13
Required Signature/Registered Agent 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.

Darryl Owen 7/25/13
Required Signature/Incorporator Date