

P130000067760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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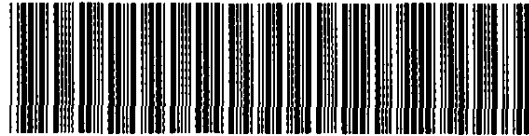
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TO ACQUIRE EASE  
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2013 AUG 19 AM 9:03

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Igon Builders 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: William Igon  
Name (Printed or typed)

8256 Hunters Ridge trail  
Address

Tall. FL. 32312  
City, State & Zip

850-570-5076  
Daytime Telephone number

Igonbuilders@hotmail.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: Igon Builders Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8256 Hunters Ridge Trl.  
Tall. Fl. 32312

Mailing address, if different is:

8256 Hunters Ridge  
Tall. Fl. 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: conduct legal business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Pres  
Address: 8256 Hunters Ridge Trl.  
Tall. Fl.  
32312

Name and Title: William Igon  
Address: 8256 Hunters Ridge Trl.  
Tall. Fl.  
32312

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

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

13 AUG 19 AM 9:14  
STATE  
RECORDS  
APPROVED  
FILED

(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: William Igon  
Address: 8256 Hunters Ridge  
32312 Tall. Fl.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Igon  
Address: 8256 Hunters Ridge trl.  
TALL. FL 32312

STATE  
TALLAHASSEE, FLORIDA

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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

William Igon 8-19-2013  
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.

William Igon 8-19-2013  
Required Signature/Incorporator Date