

P13000078722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

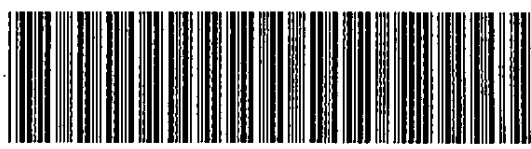
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/13--01029--006 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 20 PM 1:54

9/24/13

COVER LETTER

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

SUBJECT: Sky Roof Construction & Custom Carpentry, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: James A. Thomas
Name (Printed or typed)

18681 Misty Lake Dr
Address

Jupiter FL 33458
City, State & Zip

860-480-0209
Daytime Telephone number

Javletha@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Sky Roof Construction & Custom Carpentry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18681 Misty Lake Dr
Jupiter FL 33458

926 Hickory Hill Rd
Thomaston GA 06787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: starting a new
carpentry business in Florida, ~~etc~~ which will involve
home remodeling. (no roofing involved)

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Thomas President Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(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: James Thomas

Address: 18681 Misty Lake Dr
Jupiter FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamie Avolatta

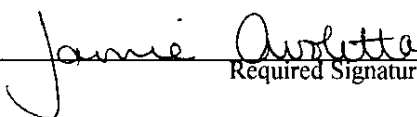
Address: 926 Hickory Hill Rd
Thomaston GA 06787

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

9/16/13
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.


Required Signature/Incorporator

9/16/13
Date

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