

P13000079938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

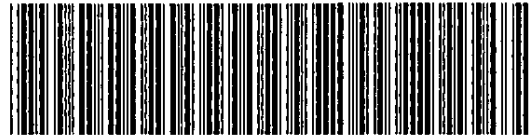
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/13--01022--012 **78.75

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13 SEP 25 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mes
9/27/13

COVER LETTER

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

SUBJECT: Cracker Country Construction 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: Richard Quates

Name (Printed or typed)

991 Wild Pine Rd.

Address

Mims, Florida 32754

City, State & Zip

407-383-1150

Daytime Telephone number

rsquates@gmail.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: Cracker Country Construction Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

991 Wild Pine Rd.

Mims, Florida 32754

Mailing address 13 different

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Quates

Address: President

991 Wild Pine Rd.

Mims, Florida 32754

Name and Title: Justin Quates

Address: Vice President

17503 Caudel St.

Orlando, Florida 32833

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: FILED
Address: _____ Address: 13 SEP 25 PM 2:16

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:

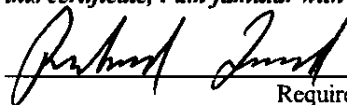
Name: Richard Quates
Address: 991 Wild Pine Rd.
Mims, Florida 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

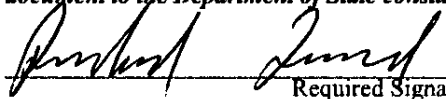
Name: Richard Quates
Address: 991 Wild Pine Rd.
Mims, Florida 32754

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

9-22-2013
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.


Required Signature/Incorporator

9-22-2013
Date