

P130000088940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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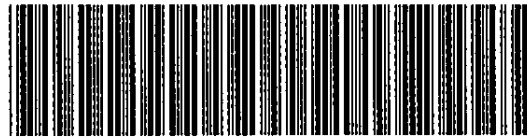
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 29 AM 11:54

Ps 10/30/13

COVER LETTER

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

SUBJECT: S & T Drywall Repair, 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: Sandra Patricia Torres

Name (Printed or typed)

2020 Wells Rd. Apt. 26 N

Address

Orange Park, FL 32073

City, State & Zip

904-485-2821

Daytime Telephone number

stdrywallrepair@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)

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ARTICLE I NAME

The name of the corporation shall be: S & T Drywall Repair, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2020 Wells Rd Apt 26N

Orange Park FL 32073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Conduct business as a drywall repair and installation company, including interior framing, taping, finishing, knock down, ceiling removal and/or refurbishing and such other activities and endeavours consistent with the trade

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Patricia Torres Secretary

Name and Title: Tomas De La Rosa Caro Vice-President

Address: 2020 Wells Rd Apt 26N

Address: 2020 Wells Rd Apt 26N

Orange Park FL 32073

Orange Park FL 32073

Name and Title: N/A

Name and Title: N/A

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 OCT 29 AM 11:54

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sandra Patricia Torres

Address: 2020 Wells Rd Apt 26N

Orange Park FL 32073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sandra Patricia Torres

Address: 2020 Wells Rd Apt 26N

Orange Park FL 32073

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

T [Signature]
Required Signature/Registered Agent

19 October, 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.

T [Signature]
Required Signature/Incorporator

19 October, 2013

Date