

PI3000089343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
11 OCT 31 PM 12:39
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13 OCT 31 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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YMD 10/31

COVER LETTER

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

SUBJECT:

CRW 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:

Tiffany Williams
Name (Printed or typed)

15 Starling Lane
Address

Crawfordville, FL 32327
City, State & Zip

(850) 688-7922
Daytime Telephone number

homeschoolingkaylee@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: CRW Construction Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15 Starling Lane
Crawfordville, FL
32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction work
Remodeling, siding, framing

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany Williams Name and Title: _____

Address: 15 Starling Ln Address: _____

Crawfordville, FL 32327

President

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECTION OF STATE
TALLAHASSEE, FLORIDA

13 OCT 31 PM 12:52

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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:

Address:

Tiffany Williams
15 Startling Ln
Crawfordville, FL 32327

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Tiffany Williams
15 Startling Ln
Crawfordville, FL 32327

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

Tiffany Williams
Required Signature/Registered Agent

10/31/13
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.

Tiffany Williams
Required Signature/Incorporator

10/31/13
Date