

P13000091878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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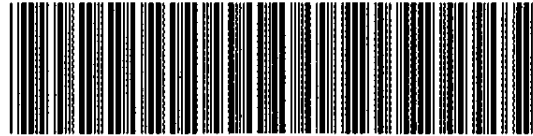
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -8 PM 1:57

Ps 11/12/13

COVER LETTER

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

SUBJECT: Amerigold Construction & 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 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: David D. Partlow
Name (Printed or typed)

317 SW 17th St.
Address

Cape Coral Fla. 33991
City, State & Zip

440-315-1173
Daytime Telephone number

spkthelngo@yahoo.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: Amerigold Construction & Repair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

317 SW 17th St.

Cape Coral Fla. 33991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

NOV - 8 PM 1:51
SECTION OF CORPORATIONS
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David D. Portlow/Pres.

Name and Title: Paul Dinger/Vice Pres.

Address 317 SW 17th St.

Address: 4551 Monaco Lake Drive

Cape Coral Fla. 33991

St. James City Fla. 33956

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: David D. Partlow
Address: 317 SW 17th St.
Cape Coral Fla. 33991

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David D. Partlow
Address: 317 SW 17th St.
Cape Coral Fla 33991

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

David D. Partlow
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.

David D. Partlow
Required Signature/Incorporator

10-31-13
Date