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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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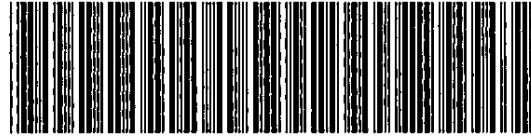
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 11/15/13

COVER LETTER

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

SUBJECT: D. H. OSBORNE CONSTRUCTION Co., 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: D. H. OSBORNE

Name (Printed or typed)

852 TURTLE MOUND DRIVE

Address

CASSELBERRY, FL. 32707

City, State & Zip

321- 200- 6457

Daytime Telephone number

PRESENTLY NONE

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: D.H. OSBORNE CONSTRUCTION CO., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

852 TURTLE MOUND DRIVE
CASSELBERRY, FL. 32707

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO GIVE LEGAL NAME TO
CONSTRUCTION BUSINESS - TO COMPLY WITH CHAPTER
489 OF CONSTRUCTION PROVISIONS - TO ALLOW
EXEPTION OF WORKERS COMPENSATION FOR
OWNER & DIRECTOR ONLY (D.H. OSBORNE) & TO HAVE
BENEFITS OF SUB CHAPTER S CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D.H. OSBORNE, PRES., DIRECTOR Name and Title: _____

Address 852 TURTLE MOUND DR Address: _____

CASSELBERRY, FL

32707

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(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: D. H. OSBORNE
Address: 852 TURTLE MOUND DRIVE
CASSELBERRY, FL. 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: D. H. OSBORNE
Address: 852 TURTLE MOUND DRIVE
CASSELBERRY, FL. 32707

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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

D. H. Osborne
Required Signature/Registered Agent

11-9-2013
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.

D. H. Osborne
Required Signature/Incorporator

11-9-2013
Date