

P/4000014558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

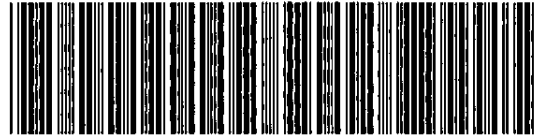
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/12/14--01012--002 **70.00

FILED
14 FEB 12 AM 9:16
TALLAHASSEE, FLORIDA

h 02/18/14

COVER LETTER

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

SUBJECT: Everlasting Impact Company, 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: Michael Betancourt
Name (Printed or typed)

1264 SE Illusion Isle Way
Address

Stuart, FL 34997
City, State & Zip

786. 316. 8936
Daytime Telephone number

MBetancourt@SIW Impact windows. 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: Everlasting Impact Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1264 SE Illusion Isle way
Stuart, FL 34987

← Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Sales of
Building materials.

ARTICLE IV SHARES

The number of shares of stock is: 100

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14 FEB 12 AM 9:15
CLERK OF CIRCUIT COURT
JULIA A. HARRIS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Betancourt — president Name and Title: _____

Address 1264 SE Illusion Isle Address: _____
way
Stuart, FL 34987

Name and Title: Veronica Flores — vice president Name and Title: _____

Address 1264 SE Illusion Isle Address: _____
way
Stuart, FL 34987

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: Michael Betancourt

Address: 1264 SE Illusion Isle way
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Betancourt

Address: 1264 SE Illusion Isle way
Stuart, FL 34997

14 FEB 12 AM 9:16
ALL INFORMATION
RECEIVED

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

[Signature]
Required Signature/Registered Agent

2/10/14
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.

[Signature]
Required Signature/Incorporator

2/10/14
Date