

PK1000015516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

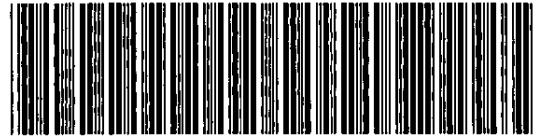
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/20/13--01009--007 **78.75

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14 FEB 18 PM 4:53
CLERK OF STATE
ALLAHSEE, FLORIDA

1113-69672

MD 2/19

COVER LETTER

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

SUBJECT: **ELITE BUILDERS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Yvonne E. Smith**
Name (Printed or typed)
5705 NW Zenith Dr
Address
Port St Lucie, FL 34986
City, State & Zip
772-828-9974
Daytime Telephone number
yvonne@reallygroup.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2013

YVONNE E. SMITH
5705 NW ZENITH DR.
PORT ST. LUCIE, FL 34986

SUBJECT: ELITE BUILDERS, INC.
Ref. Number: W13000069672

We have received your document for ELITE BUILDERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00029004

COVER LETTER

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

SUBJECT: Home Builders, Inc.
ELITE BUILDERS, 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: Yvonne E. Smith

Name (Printed or typed)

5705 NW Zenith Dr

Address

Port St Lucie, FL 34986

City, State & Zip

772-828-9974

Daytime Telephone number

yvonne@reallygroup.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: ~~ELITE BUILDERS, INC.~~ Elite Home Builders, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5705 NW ZENITH DR

PORT ST LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Land acquisition and construction

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard J. Oldfield, President

Name and Title: _____

Address

5705 NW Zenith Dr.

Address: _____

Port St Lucie, FL 34986

Name and Title: Yvonne E. Smith, Secretary

Name and Title: _____

Address

5705 NW Zenith Dr

Address: _____

Port St Lucie, FL 34986

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: Richard J. Oldfield
Address: 5705 NW Zenith Dr
Port St Lucie, FL 34986

FILED
14 FEB 18 PM 4:53
CLERK OF DISTRICT COURT
PORT ST LUCIE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvonne E. Smith
Address: 5705 NW Zenith Dr.
Port St Lucie, FL 34986

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

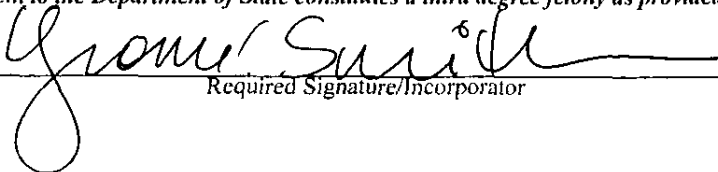


Required Signature/Registered Agent

12-17-2013

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.



Required Signature/Incorporator

12-17-2013

Date