

P14 000031780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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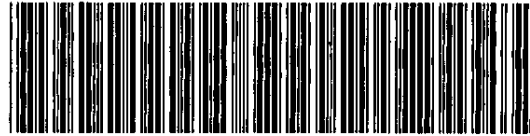
(Business Entity Name)

(Document Number)

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2014 APR - 7 PM 2:20
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

1/14

COVER LETTER

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

SUBJECT: S.W. FLORIDA PAVERS 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: ALCEMAR FURTADO
Name (Printed or typed)

1564 MAPLE DR.
Address

FORT MYERS, FL 33907
City, State & Zip

239-321-9317
Daytime Telephone number

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: S.W. FLORIDA PAVERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1564 MAPLE DR.
FT. MYERS, FL 33907

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALCEMAR FORTADO PRES. Name and Title: _____

Address 1564 MAPLE DR. Address: _____

FT. MYERS, FL 33907

Name and Title: ANGELA DEBONIS VP Name and Title: _____

Address 1564 MAPLE DR. Address: _____

FT. MYERS, FL 33907

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(conti.)

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DIVISION OF CORPORATE AFFAIRS

Name and Title: _____ Name and Title: 2014 APR - 7 PM 2:20
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALCEMAR FURTADO
Address: 1564 MAPLE DR.
FT. MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALCEMAR FURTADO
Address: 1564 MAPLE DR.
FT MYERS, FL 33907

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

* Alcemar Ferreira Furtado
Required Signature/Registered Agent

4-2-14
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.

* Alcemar Ferreira Furtado
Required Signature/Incorporator

4-2-14
Date