

P 14 000058265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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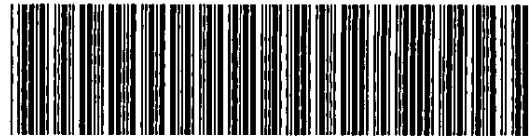
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/14--01010--008 **78.75

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14 JUL -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf 7/9/14

COVER LETTER

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

SUBJECT: FLAGLER 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: Steven Santolla

Name (Printed or typed)

6858 SW 89th Terrace

Address

Pinecrest, FL 33156

City, State & Zip

954.347.7244

Daytime Telephone number

Steve2800@comcast.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the corporation shall be:

FLAGLER BUILDERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6858 S.W. 89th Terrace

Pinecrest, FL 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all legal purposes.

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Alan Lester, P/D**

Name and Title: _____

Address

6858 SW 89th Terrace

Address: _____

Pinecrest, FL 33156

Name and Title: **Steven Santolla, S/D**

Name and Title: _____

Address

6858 SW 89th Terrace

Address: _____

Pinecrest, FL 33156

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)

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: Steven Santolla
Address: 6858 SW 89th Terrace
Pinecrest, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Santolla
Address: 6858 SW 89th Terrace
Pinecrest, FL 33156

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

7.3.14
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.

Required Signature/Incorporator

7.3.14
Date

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TALLAHASSEE, FLORIDA