

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
AFFORDABLE PILINGS INC

Certificate of Status	☒
Certified Copy	☐
Page Count	04
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78847

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: AFFORDABLE PILINGS 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: FRANK M DEJIULIO
Name (Printed or typed)
8130 SE 15TH CT
Address
OCALA ,FLORIDA 34480
City, State & Zip
352-873-6148
Daytime Telephone number
GREATAMERICANTLD@YAHOO.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. (Profs)

ARTICLE I NAME

The name of the corporation shall be: **AFFORDABLE PILINGS INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

13223 US HWY 19

HUDSON, FL 34667

Mailing address, if different is

8130 SE 15TH CT

OCALA, FL 34480

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PILINGS, BOAT LIFTS AND DOCKS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **FRANK M DEJIULIO**

Name and Title: _____

Address

8130 SE 15TH CT

Address: _____

OCALA, FL 34480

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(copy)

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: FRANK M DEJIULIO
Address: 8130 SE 15TH CT
OCALA, FL 34480

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: FRANK M DEJIULIO
Address: 8130 SE 15TH CT
OCALA, FL 34480

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

Frank M DeJulio
Required Signature/Registered Agent

8/7/2014
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.

Frank M DeJulio
Required Signature/Incorporator

8/7/2014
Date