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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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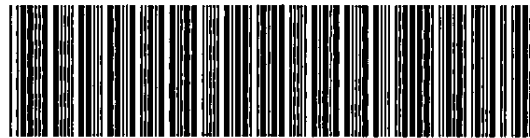
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/14--01045--020 **87.50

14 AUG 25 AM 8:02
STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: WALLACE CARPENTRY 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: JOHN C WALLACE
Name (Printed or typed)

5261 43RD TERRACE N
Address

ST PETERSBURG FL 33709
City, State & Zip

727- 565-7040
Daytime Telephone number

JBARRETT197(A) GMAIL.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: WALLACE CARPENTRY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5261 43RD TERRACE N

ST PETERSBURG FL 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE IS TO

ENLARG IN ANY ACTIVITIES OR BUSINESS

PERMITTED UNDER THE LAWS OF THE

UNITED STATES AND FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 7500 SHARES OR ONE CLASS AT \$1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN C WALLACE

Name and Title: _____

Address 5261 43RD TERRACE N

Address: _____

ST PETERSBURG FL 33709

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 AUG 25 11:02
ST PETERSBURG FL 33709

(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: JOHN C WALLACE
Address: 5261 43RD TERRACE N
ST PETERSBURG FL 33709

14 AUG 25 AM 8:02
NOTARY PUBLIC
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN C WALLACE
Address: 5261 43RD TERRACE N
ST PETERSBURG FL 33709

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

John C Wallace 8-20-14
Required Signature/Registered Agent 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.

John C Wallace 8-20-14
Required Signature/Incorporator Date

FL D2 W 420-463-71-337-0

[Handwritten signature]

