

P14000076850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

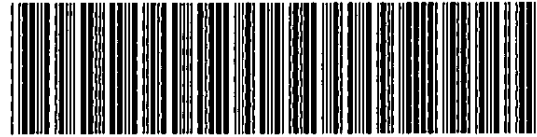
(Document Number)

Certified Copies ☒

Certificates of Status ☒

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RECEIVED
14 SEP 17 AM 11:53
DIVISION OF CORPORATION

RECEIVED
14 SEP 17 PM 12:06
SECTION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Callaghan Roofing, 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: Jason Callaghan
Name (Printed or typed)
PO Box 1164
Address
Crawfordville FL 32326
City, State & Zip
850-570-4089
Daytime Telephone number
jasonjcallaghan@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: Callaghan Roofing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

29 Catamba Trail
Crawfordville FL 32327

Mailing address, if different is:

PO Box 1164
Crawfordville FL 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform Roofing and
Construction related business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lou Callaghan, President Name and Title: _____

Address: PO Box 787 Address: _____
Crawfordville FL 32326

Name and Title: Jason Callaghan, Secretary Name and Title: _____

Address: PO Box 1164 Address: _____
Crawfordville FL 32326

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 SEP 17 PM 12:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE
AND
FILED

(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: Jason Callaghan

Address: 29 Catawba Trail
Crawfordville FL 32327


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lou Callaghan

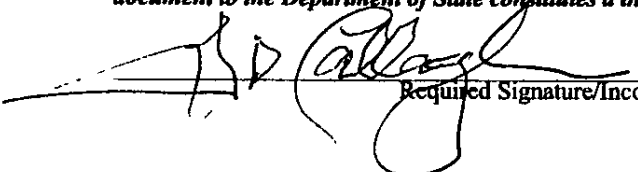
Address: PO Box 787
Crawfordville FL 32326

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

9-16-2014
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.


Required Signature/Incorporator

9-16-2014
Date