

P140000082248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

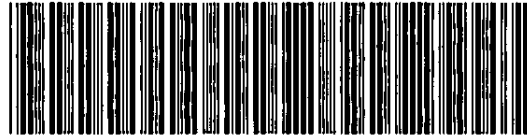
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OCT - 8 2014  
A. DUNLAP

Office Use Only



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FILED

14 OCT - 7 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

~~59125~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2014

BURT LLOYD  
2829 BLANDING BLVD  
MIDDLEBURG, FL 32068

SUBJECT: B AND N SERVICES INC.  
Ref. Number: W14000059125

RECEIVED  
14 OCT - 7 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for B AND N SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Andy Dunlap  
Senior Section Administrator

Letter Number: 214A00020724

*See new application with new name  
apply money order (you have) for the  
new app.*

## COVER LETTER

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

SUBJECT: **Dos-Bros Windows, 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: **Burt Lloyd**

Name (Printed or typed)

**2829 Blanding Blvd**

Address

**Middleburg, Florida 32068**

City, State & Zip

**904-214-6150**

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: Dos-Bros Windows, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2829 Blanding Blvd

Middleburg, Florida 32068

Mailing address, if different is:

Same

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To Remove and replace  
windows in residential properties.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Burt Lloyd, President

Address: 2829 Blanding Blvd

Middleburg, Florida 32068

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Nathan T, McCallister, VP

Address: 327 Horsetail Avenue

Middleburg, Florida 32068

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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14 OCT -7 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Burt Lloyd  
Address: 2829 Blanding Blvd  
Middleburg, Florida 32068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Burt Lloyd  
Address: 2829 Blanding Blvd  
Middleburg, Florida 32068

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Burt Lloyd

Required Signature/Registered Agent

10-01-2014

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.*

Burt Lloyd

Required Signature/Incorporator

10-01-2014

Date