

P14000087468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

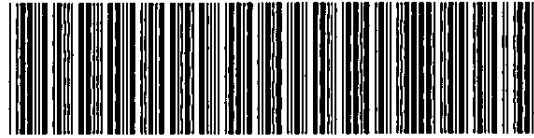
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/14--01001--008 **78.75

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREMACY OF FLORIDA
OCT 27 10 3 13

14 OCT 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: C & M Professional Flooring, 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: Mike Campbell

Name (Printed or typed)

300 Monticello Avenue

Address

Monticello, FL 32344

City, State & Zip

850-242-9099

Daytime Telephone number

robert.morgan2561@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)

APPROVED
AND
FILED

ARTICLE I NAME C & M Professional Flooring, Inc.

14 OCT 27 PH 3:43

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is: _____

300 Monticello Avenue

Monticello, FL 32344

ARTICLE III PURPOSE

Flooring installation

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Morgan

Name and Title: Michael Campbell

Address President

Address: Vice President

300 Monticello Avenue

167 Whippoorwill Road

Monticello, FL 32344

Monticello, FL 32344

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
(cont.)
AND
FILED

Name and Title: _____ Name and Title: _____ 14 OCT 27 PM 3:43

Address _____ Address: _____

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

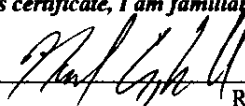
Name: Mike Campbell
Address: 300 Monticello Avenue
Monticello, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kailey Helmuth
Address: 3877 Gaffney Loop
Tallahassee, FL 32303

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

10-27-14
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

10/27/14
Date