

P14000092912

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

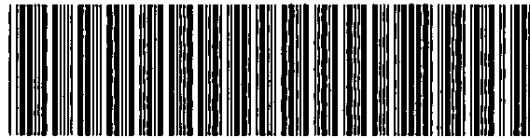
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/13/14--01004--006 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

14 NOV 13 PM 3:10

APPROVED  
AND  
FILED

1/H

## COVER LETTER

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

**SUBJECT: PALM BEACH EXCAVATION, 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: CHRISTINA L. DONNER**

Name (Printed or typed)

**14405 TRIPP ROAD NORTH**

Address

**LOXAHATCHEE, FL 33470**

City, State & Zip

**954-242-5240**

Daytime Telephone number

**DONNERCHRISTINA@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. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be:

**PALM BEACH EXCAVATION, INC.** 14 NOV 13 PM 3:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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

**14405 TRIPP ROAD NORTH**  
**LOXAHATCHEE, FL 33470**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **CHRISTINA L. DONNER/PRESIDENT**

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

Address

**14405 TRIPP ROAD NORTH**  
**LOXAHATCHEE, FL 33470**

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

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

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

Address

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

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

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

Address

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

APPROVED  
AND  
FILED

(conti.)

14 NOV 13 PM 3: 10

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

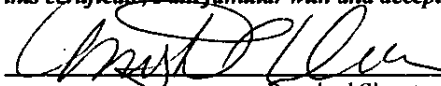
Name: CHRISTINA L. DONNER  
Address: 14405 TRIPP ROAD NORTH  
LOXAHATCHEE, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

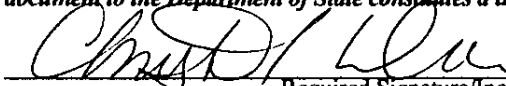
Name: CHRISTINA L. DONNER  
Address: 14405 TRIPP ROAD NORTH  
LOXAHATCHEE, FL 33450

*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

11/10/14  
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

11/10/14  
Date