

P14000093476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

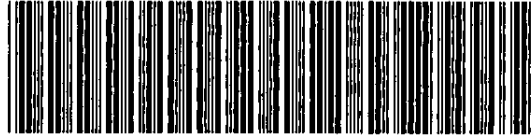
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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14 NOV 17 PM 2:17

SECRETARY OF STATE
HALLMARK BUILDING
INDIANAPOLIS, IN 46204

h 11/18/14

COVER LETTER

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

SUBJECT: Heritage Building & Design of Ocala 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: Ronald Blum
Name (Printed or typed)
12440SW 140Loop
Address
Dunnellon, Florida, 34432
City, State & Zip
561 441 3670
Daytime Telephone number
ronblum12@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: Heritage Building & Design of Ocala inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12440 SW 140Loop

Dunnellon Fl, 34432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Building Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Blum President

Name and Title: _____

Address

12440 SW 140 Loop

Address: _____

Dunnellon Fl 34432

Name and Title: Theresa Blum Vice president

Name and Title: _____

Address

12440 SW 140 loop

Address: _____

Dunnellon Fl 34432

Name and Title: _____

Name and Title: _____

Address

Address: _____

(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: Ronald Blum
Address: 12440SW 140Loop
Dunnellon, Fl 34432

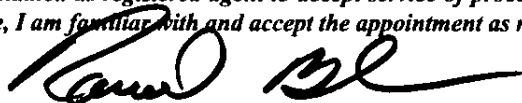
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Blum
Address: 12440 SW 140 Loop
Dunnellon Fl 34432

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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

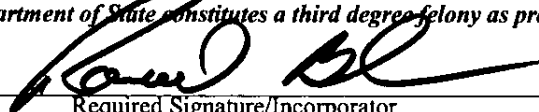


Required Signature/Registered Agent

11.11.2014

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

11.11.2014

Date