

P 14000099685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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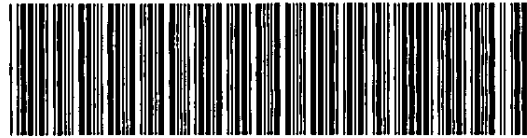
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **Contractors Development Group, 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: **Jordan Gentile**
Name (Printed or typed)
4409 Hoffner Ave. #259
Address
Orlando, Fl. 32812
City, State & Zip
407-947-2321
Daytime Telephone number
contractorsdevelopmentgroup@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)

ARTICLE I NAME

The name of the corporation shall be: Contractors Development Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4409 Hoffner Ave.

#259

Orlando, Fl. 32812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail/Online Sales

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jordan Gentile, President

Name and Title: _____

Address 4409 Hoffner Ave.

Address: _____

#259

Orlando, Fl. 32812

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 DEC 12 PM 2:03
TALLAHASSEE, FLORIDA

(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: Jordan Gentile
Address: 4409 Hoffner Ave. #259
Orlando, Fl. 32812

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jordan Gentile
Address: 4409 Hoffner Ave. #259
Orlando, Fl. 32812

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

Jordan Gentile
Required Signature/Registered Agent

12/05/2014

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.

Jordan Gentile
Required Signature/Incorporator

12/05/2014

Date