

P15000009803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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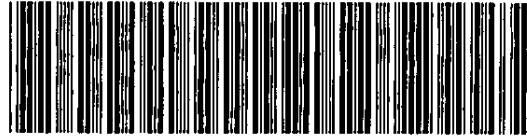
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 23 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-30-15

COVER LETTER

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

SUBJECT: BUILDER DIRECT CABINETS, 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: William L. BARKLEY
Name (Printed or typed)

52 S. Roscoe Boulevard
Address

Ponte Vedra, FL 32082
City, State & Zip

904-570-5864
Daytime Telephone number

wlbarkley@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: Builder Direct Cabinets, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

52 S. Roscoe Boulevard
Ponte Vedra, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Build, manufacture, Sell and
install Cabinets

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William L BARKLEY Name and Title: President

Address 52 S. Roscoe Blvd Address: _____
Ponte Vedra FL
32082

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: William BARKLEY

Address: 52 S. Roscoe Boulevard
Donte Veedra FL 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William L BARKLEY

Address: 52 S Roscoe Boulevard
Donte Veedra FL 32082

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

William L Barkley

Required Signature/Registered Agent

1-15-15

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.

William L Barkley

Required Signature/Incorporator

1-15-15

Date