

P 15000024871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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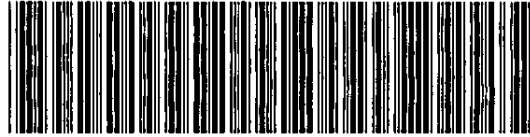
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/11/15--01011--009 **78.75

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15 MAR 11 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/16/15

COVER LETTER

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

SUBJECT: **CONTRACTING SERVICES, 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: **CONTRACTING SERVICES, INC**

Name (Printed or typed)

9175 CELESTE DRIVE #202

Address

NAPLES, FL 34113

City, State & Zip

239-200-2652

Daytime Telephone number

chrisjohnston20@live.com

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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: CONTRACTING SERVICES, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

9175 CELESTE DRIVE #202

NAPLES, FL 34113

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ASPHALT CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER JOHNSTON PRESIDENT

Name and Title: _____

Address 9175 CELESTE DRIVE #202

Address: _____

NAPLES, FL 34113

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: CHRIS JOHNSTON
Address: 9175 CELESTE DR #202
NAPLES, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WM .M .MCCRONE
Address: 5661 WHISPERWOOD BL #104
NAPLES, FL 34110

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

X 
Required Signature/Registered Agent

03/08/2015

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

03/08/2015

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA