P15000044102

(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

400272683704

05/13/15--01005--013 **78.75

15 MAY 13 AM 11:57

FILED

MD 5/18

COVER LETTER

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

SUBJECT: TODD SIDENBENDER MASONRY 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: TODD SIDENBENDER
Name (Printed or typed)

5232 BROSCHE RD.
Address

ORLANDO FL. 32807
City, State & Zip

407-625-6378
Daytime Telephone number

TODD SIDENBENDER@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: TODD SIDENBENDER MASONRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5232 BROSCHE RD.
ORLANDO FL. 32807

Mailing address, if different is:

15 MAY 13 AM 11:57

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MASONRY

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD SIDENBENDER PRES.

Address: 5232 BROSCHE RD. ORLANDO FL 32807

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: TODD SIDENBENDER

Address: 5232 BROSCHE RD
ORLANDO FL. 32807

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TODD SIDENBENDER

Address: 5232 BROSCHE RD.
ORLANDO FL. 32807

15 MAY 13 AM 11:57

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

TODDSIDENBENDER 05/06/2015

Required Signature/Registered Agent 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.

TODD SIDEN BENDER 05/06/2015

Required Signature/Incorporator Date