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(Business Entity Name)

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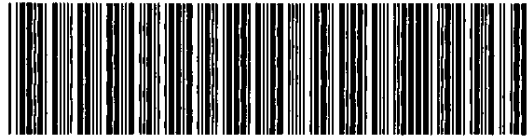
Special Instructions to Filing Officer:

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05/21/15--01004--012 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 26 AM 11:01

● 2-1-15 a



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 26 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 11, 2015

GLENN LYONS
215 NW 8TH AVE
BOYNTON BEACH, FL 33435

SUBJECT: INDEPENDENT MASONRY CONSTRUCTION AND FORMING INC
Ref. Number: W15000040867

We have received your document for INDEPENDENT MASONRY CONSTRUCTION AND FORMING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 915A00012310

COVER LETTER

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

SUBJECT: INDEPENDENT MASONRY/CONSTRUCTION AND FORMIN, 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: GLENN LYONS

Name (Printed or typed)

215 NW 8TH AVE

Address

BOYNTON BEACH, FLORIDA 33435

City, State & Zip

561-572-1853

Daytime Telephone number

GLYONS31@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: INDEPENDENT MASONRY/CONSTRUCTION AND FORMING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

215 NW 8TH AVE

BOYNTON BEACH

FLORIDA 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PERFORM THE NECESSARY WORK THAT IS
REQUIRED UNDER THE LAW.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLENN LYONS/OWNER

Name and Title: _____

Address 215 NW 8TH AVE

Address: _____

BOYNTON BEACH

FLORIDA 33435

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 26 AM 11:01

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: GLENN LYONS

Address: 215 NW 8TH AVE

BOYNTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

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

Name: Independent Masonry/Construction, Forming

Address: 215 nw 8th Ave

Boynton Beach, FL 33435

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUN 18/2015 (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



Required Signature/Registered Agent

JUN 18/2015

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

JUN 18/2015

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN -5 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 22, 2015

GLINN LYONS
215 NW 8TH AVE
BOYNTON BEACH, FL 33435

SUBJECT: INDEPENDENT MASONRY/CONSTRUCTION FORMING
Ref. Number: W15000036471

We have received your document for INDEPENDENT MASONRY/CONSTRUCTION FORMING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 815A00010892