

P15 000057165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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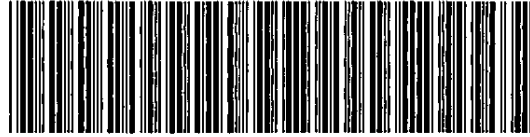
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Custom Building Consultant Of Pinellas, 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: Robert Smith
Name (Printed or typed)

542 St. Tropez Cir. NE.
Address

St. Petersburg, Fl. 33703
City, State & Zip

727/550/6479
Daytime Telephone number

Smitty103157626@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: Custom Building Consultant Of Pinellas, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
542 St. Tropez Cir. NE.

St. Petersburg, Fl. 33703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Related

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Smith / President

Address 542 St. Tropez Cir. NE.
St. Petersburg, Fl.

Name and Title: N/A

Address: _____

Name and Title: N/A

Address _____

Name and Title: N/A

Address: _____

Name and Title: N/A

Address _____

Name and Title: N/A

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Smith
Address: 542 St. Tropez Cir. NE.
St. Petersburg, Fl. 33703

ARTICLE VII INCORPORATOR

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

Name: Robert Smith
Address: 542 St. Tropez Cir. NE.
St. Petersburg, Fl.

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/21/2015 (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

 06/18/2015
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.

 06/18/2015
Required Signature/Incorporator Date