

P15 000069209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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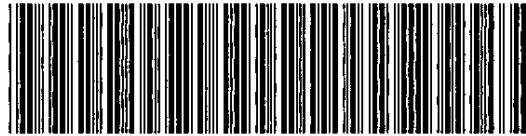
(Business Entity Name)

(Document Number)

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STATE  
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TALLAHASSEE, FLORIDA  
15 AUG 13 AM 11:10

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## COVER LETTER

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

**SUBJECT:** VOLCYS TOP NOTCH CONSTRUCTION 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:** CLOVERNE VOLCY

Name (Printed or typed)

2631 SWOOP CIRCLE

Address

KISSIMMEE, FL. 34741

City, State & Zip

407 860 - 9506

Daytime Telephone number

CLOVERNEVOLCY@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: VOLCYS TOP NOTCH CONSTRUCTION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2631 SWOOP CIRCLE

KISSIMMEE, FL. 34741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS IN CONSTRUCTION.

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TALLAHASSEE, FLORIDA  
15 AUG 13 AM 11:11

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLOVERNE VOLCY - PRESIDENT

Name and Title: EDDY DERILUS - VICE PRESIDENT

Address: 2631 SWOOP CIRCLE

Address: 2631 SWOOP CIRCLE

KISSIMMEE, FL. 34741

KISSIMMEE, FL. 34741

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: CLOVERNE VOLCY

Address: 2631 SWOOP CIRCLE

KISSIMMEE, FL. 34741

**ARTICLE VII INCORPORATOR**

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

Name: KREGG SMITH

Address: 3501 WEST VINE STREET, SUITE 524

KISSIMMEE, FL. 34741

**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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

08/10/2015  
\_\_\_\_\_  
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

08/10/2015  
\_\_\_\_\_  
Date