

P15000086195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

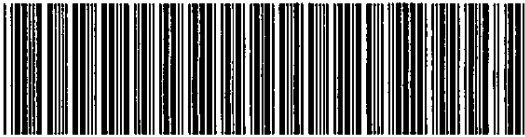
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 OCT 12 PM 1:53

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COVER LETTER

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

SUBJECT: Mavericks Ac Install & Supply 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: Antonio Darling

Name (Printed or typed)

P.O Box 697

Address

West Palm beach Fl 33402

City, State & Zip

561-544-2888

Daytime Telephone number

lmchapel@aol.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: Mavericks Ac Install & Supply Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

505 Flager Drive

West Palm Beach Fl 33401

Mailing address, if different is:

P.o. Box 697

West palm Beach Fl 33402

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Do all lawful Business

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STATE
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TALLAHASSEE, FLORIDA
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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Darling P-S-T

Address

505 Flager Drive

West Palm Beach Fl 33401

Name and Title: _____

Address: _____

Name and Title: _____

Address

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: Kris Lambury _____

Address: 505 Flager Drive _____

West palm Beach Fl 33401 _____

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ARTICLE VII INCORPORATOR

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

Name: Kris Lambury _____

Address: 505 Flager Drive _____

West Plam Beach Fl 33401 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2015 (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

10/7/15

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

10/7/15

Date