(Re	questor's Name)	<del></del>		
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>e #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
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## **COVER LETTER**

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

SUBJECT:	VER THE TOP R	LOUF REPAI	RIK,	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	El \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	SOILU CILANL	CS 54m [So	U	
	5669 SE KA		υť	
	City,	F-L 349 State & Zip	97	
772 - 888 - 65 35  Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)



October 26, 2015

JOHN C JAMISON 5669 SE KATHERINE AVE STUART, FL 34997 US

SUBJECT: OVER THE TOP ROOFING INC.

Ref. Number: W15000070889

We have received your document for OVER THE TOP ROOFING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000075216 (OVER THE TOP ROOFING, LLC).

Please return 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.

Tina D Cannon Regulatory Specialist II

Letter Number: 715A00022636

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: OVERTHE	TOP ROOF	refuse.	IVC.
ARTICLE II PRINCII P	PAIL OFFICE Trincipal street address		Mailing address, if	different is:
5669 SE KA	LTHARINE AVE.		SAME	
STUART F-L	- 3499 <u>7</u>			
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:			
10	CONTRACT F	or root	WORK	
	S tock is: (1000) OLL OFFICERS AND/OR DIRECTO		>	SECRETAR TALLALASS 15 OCT 29
	JOHN CHANCES SAN	<del></del>	e:	PH I:
Address _		Address:		STATE LORD, I: 42
-	5669 SU MATHAM BULKET FL	54997		
Name and Title:_		Name and Titl	le:	
				'
-				
Name and Title:		_	le:	
-		<u>_</u>	<del></del>	

Name and	Title: Name and Title:	
Address	Address:	
	<del></del>	
	EGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	JUILU C. SAMISON	
Address:	5669 SE KATITARINE AUE STUART FL 34997	<del>1</del>
	STUARY FL 34997	ECR LLA 1 OC
		1 H 2 F 7
ARTICLE VII II	NCORPORATOR	9 P SSET ELE
The name and add	ress of the Incorporator is:	PH ED
	<del>*******</del> *****************************	TATE ORIC : 42
Name:	5669 BE KATHARELLE AUE,	DE A
Address:	· · · · · · · · · · · · · · · · · · ·	1
	STUART FL 34997	
		· in
ARTICLE VIII	SFFECTIVE DATE:	
Effective date, if ot (If an effective dat	her than the date of filing: (OPTION te is listed, the date must be specific and cannot be more than five bus	IAL) sinces days prior or 00 business
days after the filin		siness days prior of 90 dusiness
Note: If the date in	nserted in this block does not meet the applicable statutory filing requirem	nents, this date will not be listed as
	ective date on the Department of State's records.	ione, and date frin her of histed ag
Having been name this certificate, I an	d as registered agent to accept service of process for the above stated con I familiar with and accept the appointment as registered agent and agree	rporation at the place designated in to act in this capacity
		,
John	Required Signature/Registered Agent	10/12/2015
		Date
I submit this docun document to the De	nent and affirm that the facts stated herein are true. I am aware that the partment of State constitutes a third degree felony as provided for in s.81	he false information submitted in a 7.155. F.S.
	C C C C C C C C C C C C C C C C C C C	
Paguin	d Signature/Incorporator	10/12/2015 Date
ų Kequire	1 Signature/Incorporator	Date