

P 15000096755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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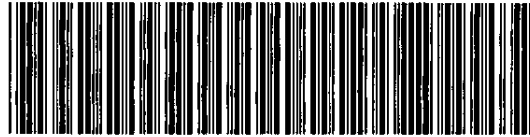
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

12/4/15

## COVER LETTER

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

Eastern Custom Construction Inc.

**SUBJECT:**

**(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: Sam Lewend

Name (Printed or typed)

906 SE 12TH ST.

Address

Deerfield Bch. FL 33441

City, State & Zip

(954)-616-9253

Daytime Telephone number

slewend@yahoo.com

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

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

Eastern Custom Construction Inc.

The name of the corporation shall be: \_\_\_\_\_

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

906 SE 12TH ST

Deerfield Beach Florida 33441

**ARTICLE III PURPOSE**

Construction company

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Sam Lewend President

Address: 906 SE 12TH ST

Deerfield Beach Fl 33441

Name and Title: Louise Lewend Treasurer

Address: 906 SE 12TH ST

Deerfield Beach, FL 33441

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: Sam Lewend  
Address: 906 SE 12TH ST  
Deerfield Beach Fl 33441

**ARTICLE VII INCORPORATOR**

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

Name: Sam Lewend  
Address: 906 SE 12TH ST  
Deerfield Beach fl 33441

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

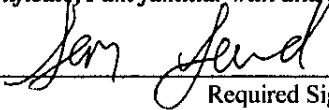
**ARTICLE VIII EFFECTIVE DATE:**

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.

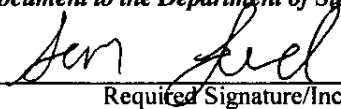
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

11/17/15  
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

11/17/15  
Date