

P 1600005157

(Requestor's Name)

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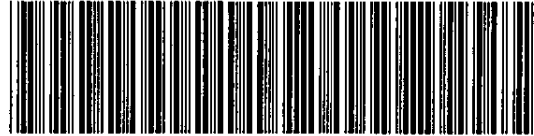
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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g 1/20/16

COVER LETTER

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

SUBJECT: GULFSHORE CUSTOM WOODWORKS, 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: SJ COOPER & ASSOCIATES
Name (Printed or typed)
3269 STURGEON BAY COURT
Address
NAPLES, FL 34120
City, State & Zip
239-398-3637
Daytime Telephone number
STEVEN@SJCFINANCE.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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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

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ARTICLE I NAME GULFSHORE CUSTOM WOODWORKS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____

1012 NW 36TH AVENUE

3269 STURGEON BAY COURT

CAPE CORAL, FL 33993

NAPLES, FL 34120

ARTICLE III PURPOSE A LEGAL & PROFESSIONAL WOODWORK CORPORATION.
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: ALAN L HIEBING

Name and Title: MICHELLE M HEIBING

Address 1012 NW 36TH AVENUE
CAPE CORAL, FL 33993

Address: 1012 NW 36TH AVENUE
CAPE CORAL, FL 33993

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: STEVEN COOPER
Address: 3269 STURGEON BAY COURT
NAPLES, FL 34120

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: STEVEN COOPER
Address: 3269 STURGEON BAY COURT
NAPLES, FL 34120

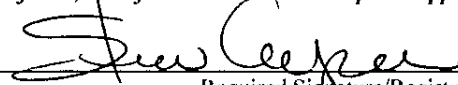
ARTICLE VIII EFFECTIVE DATE:

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

01/01/2016
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

01/01/2016
Date