

P/6000008693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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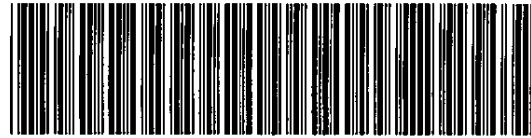
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
16 JAN 21 PM 2:18

κ 02/01/16

COVER LETTER

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

SUBJECT: Can Roof, 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: Bruce E. Canady

Name (Printed or typed)

5856 CR 23C

Address

Macclenny, FL. 32063

City, State & Zip

904-334-4100

Daytime Telephone number

becfarms1@gmail.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: Can Roof, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Can Roof, Inc.

5856 CR 23C

Macclenny, FL. 32063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New Roofing Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce E. Canady Owner/President

Name and Title:

Address 5856 CR 23C

Address:

Macclenny, FL. 32063

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATIONS

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: Cheryl Ann Johns
Address: 5647 Cherry Tree Ave
Macclenny, FL. 32063

ARTICLE VII INCORPORATOR

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

Name: Cheryl Ann Johns
Address: 5647 Cherry Tree
Macclenny, FL. 32063

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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

Cheryl Ann Johns 1/15/16
Required Signature/Registered Agent 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.

Cheryl Ann Johns 1/15/16
Required Signature/Incorporator Date