

P16D000018014

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

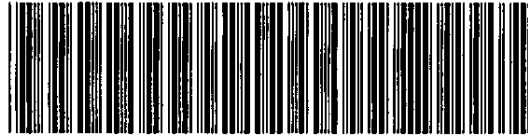
\_\_\_\_\_  
(Document Number)

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

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2/22

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 22 AM 9:27

01/19/16--01038--024 \*\*78.75

FEB 22 2016

S. PRATHER

## COVER LETTER

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

SUBJECT: Coleman, 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: Brian Coleman  
Name (Printed or typed)

412 SE Justine Ter.  
Address

Port St. Lucie FL 34983  
City, State & Zip

815 517 8421  
Daytime Telephone number

bkc Coleman11@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2016

BRIAN COLEMAN  
412 SE JUSTINE TER  
PORT ST LUCIE, FL 34983

SUBJECT: COLEMAN, INC.  
Ref. Number: W16000005762

We have received your document for COLEMAN, INC. and your check(s) totaling \$78.75. 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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 416A00001783

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:

Coleman Innovations, Inc.  
~~Coleman, Inc.~~

ARTICLE II PRINCIPAL OFFICE

Principal street address

412 SE Justine Ter.  
Port St. Lucie FL 34983

Mailing address, if different is

16 FEB 22 AM 9:27

SECRETARY OF STATE  
DIVISION OF CORPORATION

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to remodel homes and/or  
property. general contracting and handyman  
repairs. Residential landscaping and window  
cleaning.

ARTICLE IV SHARES

The number of shares of stock is:

100  
~~own full shares~~

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Brian Coleman Owner

Name and Title:

Address

412 SE Justine Ter.

Address:

Port St. Lucie FL 34983

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: Brian Coleman

Address: 412 SE Justine Ter.  
Port St. Lucie FL 34983

**ARTICLE VII INCORPORATOR**

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

Name: Brian Coleman

Address: 412 SE Justine Ter.  
Port St. Lucie FL 34983

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DIVISION OF CORPORATIONS  
16 FEB 22 AM 9:27

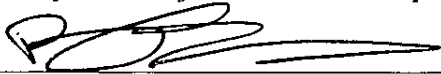
**ARTICLE VIII EFFECTIVE DATE:**

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*

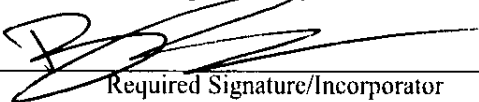


\_\_\_\_\_  
Required Signature/Registered Agent

1/12/16

\_\_\_\_\_  
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

1/12/16

\_\_\_\_\_  
Date