

P16000030370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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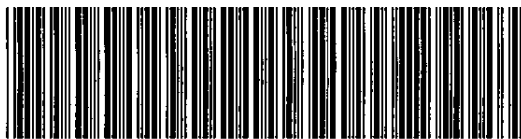
(Business Entity Name)

(Document Number)

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16 APR - 6 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR - 6 PM 1:40

APPROVED
AND
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APR - 6 2016

BROWN

COVER LETTER

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

SUBJECT: COVENANT BUILDING CORPORATION
(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: COVENANT BUILDING CORPORATION
Name (Printed or typed)

3240 LORD MURPHY TRL.
Address

TALL, FLORIDA 32309
City, State & Zip

850-284-0128
Daytime Telephone number

COVENANTBUILDING@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

I HAROLD LYONS, PRESIDENT OF
~~THE~~ COVENANT BUILDING CORPORATION HAVE
NO INTENTION OF REINSTATING THE NAME
- COVENANT BUILDING CORPORATION.

I AM ALSO RELEASING THE NAME OF
COVENANT BUILDING CORP.

Doc. # P14000031829

H. LYONS 4/6/16

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: COVENANT BUILDING CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3240 LORD MURPHY TRL
TALL, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION & REPAIRS

16 APR -6 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD LYONS - PRES. Name and Title: _____

Address: 3240 LORD MURPHY Address: _____

TRL.

TALL, FL 32309

Name and Title: CHARLES LYONS V.P. Name and Title: _____

Address: 3240 LORD MURPHY Address: _____

TALL, FL 32309

Name and Title: JAIMEN LYONS, SEC. Name and Title: _____

Address: 3240 LORD MURPHY Address: _____

TALL, FL 32309

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: HAROLD LYONS

Address: 3240 LORD MURPHY TRL
TALL, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HAROLD LYONS

Address: 3240 LORD MURPHY TRL
TALL, FL 32309

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

H. LYONS

Required Signature/Registered Agent

4/6/16

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.

H. LYONS

Required Signature/Incorporator

4/6/16

Date