

PI6 40038672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

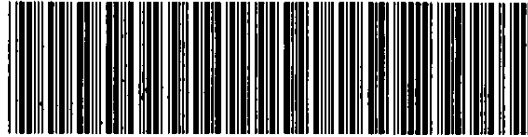
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284985544

04/27/16--01024--004 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 27 PM 2:27

ms h

COVER LETTER

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

SUBJECT: - ELAMS INSTALL 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: JOHN ELAM
Name (Printed or typed)

736 MAC CRILLUS RD
Address

LARGO FLORIDA 33770
City, State & Zip

(727) 410-0202
Daytime Telephone number

TROPICANA CORP @ AOL. COM
E-mail address: (to be used for future annual report notification)

16 APR 27 PM 2:27

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FLAM INSTALL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

736 MACCULLUS RD
LARGO, FLORIDA 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Window + Door
INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN FLAM PRESIDENT

Address: 736 MACCULLUS RD

LARGO, FL. 33770

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 27 PM 2:27

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:

JOHN ELAM

Address:

736 MAC CULLERS RD

LARGO, FLORIDA 33770

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 27 PM 2:27

ARTICLE VII INCORPORATOR

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

Name:

JOHN ELAM

Address:

736 MAC CULLERS RD

LARGO, FLORIDA 33770

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

John Elam

Required Signature/Registered Agent

4-25-16
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.

John Elam

Required Signature/Incorporator

4-25-16
Date