

P16 000064077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*msm*

## COVER LETTER

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

SUBJECT: Remarkable Builders 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: Darryl T. Oliver  
Name (Printed or typed)

1857 Wells Rd.  
Address

Orange Park FL 32073  
City, State & Zip

(904) 562-9419  
Daytime Telephone number

Florida Financial Solutions @ hotmail.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: Remarkable Builders Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SAME

2481 Eloise Dr.

Green Cove Springs, FL 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thaddeus Young (P)

Name and Title: Roosevelt Young (VP)

Address: 2481 Eloise Dr.

Address: 2481 Eloise Dr.

Green Cove Springs, FL 32043

Green Cove Springs, FL 32043

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: Florida Financial Solutions Inc.

Address: 1857 Wells Rd, Ste 212

Orange Park FL 32073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Florida Financial Solutions Inc.

Address: 1857 Wells Rd, Ste 212

Orange Park FL 32073

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STATE  
TALLAHASSEE FLORIDA

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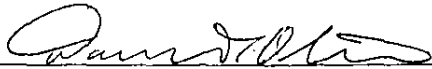
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/1/16 (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

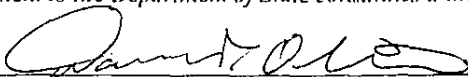


Required Signature/Registered Agent

8/5/16

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

8/5/16

Date