

P/6000075137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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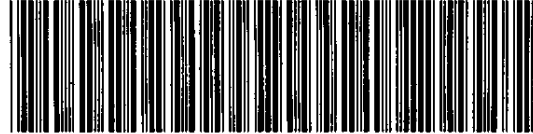
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R 09/13/16

COVER LETTER

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

SUBJECT: ALL WEATHER GENERAL CONTRACTORS, 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: Clint S. Earnest

Name (Printed or typed)

4200 Saxon Dr.

Address

New Smyrna Beach, FL 32169

City, State & Zip

386-663-2132

Daytime Telephone number

clintearnest46@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: ALL WEATHER GENERAL CONTRACTORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4208 SAXON DR.

NEW SMYRNA BEACH, FL 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCT RESIDENTIAL AND COMMERCIAL REMODELLING

BUSINESS.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLINT S EARNEST

Name and Title: SHAWN G. EARNEST

Address 4208 SAXON DR.
NEW SMYRNA BEACH,
FLORIDA 32169

Address: 4208 SAXON DR.
NEW SMYRNA BEACH,
FLORIDA 32169

Name and Title: JUDY A EARNEST

Name and Title: _____

Address 4208 SAXON DR
NEW SMYRNA BEACH,
FLORIDA 32169

Address: _____

Name and Title: CASEY W EARNEST

Name and Title: _____

Address 4208-B SAXON DR.
NEW SMYRNA BEACH,
FLORIDA 32169

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: CLINT S. EARNEST
Address: 4208 SAXON DR.
NEW SMYRNA BEACH, FL 32169

ARTICLE VII INCORPORATOR

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

Name: CLINT S. EARNEST
Address: 4208 SAXON DR.
NEW SMYRNA BEACH, FL 32169

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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

Clint S. Earnest 9/1/2016
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.

Clint S. Earnest 9/1/2016
Required Signature/Incorporator Date