

P160000 83242

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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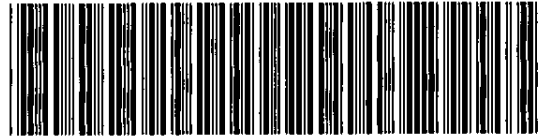
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Forever Green Homes, 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: Joseph A Culley III
Name (Printed or typed)

P O Box 12213
Address

TALLAHASSEE FL 32317
City, State & Zip

(850) 509-5737
Daytime Telephone number

jay@landmarkfinchomesinc.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: Forever Green Homes, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

48 Kimberly Lane
Crawfordville FL 32327

PO Box 12213
Tallahassee FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Building energy

efficient homes including ICF homes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Joseph A. McEly III

Name and Title:

President

Address

PO Box 12213

Address:

Tallahassee FL
32317

Name and Title:

Tony Hester

Name and Title:

Vice President

Address

PO Box 12213

Address:

Tallahassee FL
32317

Name and Title:

Name and Title:

Address

Address:

16 OCT 14 PM 3:45
TALLAHASSEE, FL 32317
SECRETARY OF STATE

ARTICLE V

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:

Joseph A Culley III

Address:

48 Kimberly Lane
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

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

Name:

Joseph A Culley III

Address:

P.O. Box 12215
Tallahassee FL 32317

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

Date

10/14/

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

Date

10/14