

PLUUV 85889

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECTION 607.02  
TALLAHASSEE, FLORIDA

16 OCT 26 PM 12:18

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SECTION 607.02  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

16 OCT 26 PM 1:37

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## COVER LETTER

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

SUBJECT: CODYS CONSTRUCTION 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: CODY HAWKINS  
Name (Printed or typed)

16 REDBUD LAKE  
Address

CRAWFORDVILLE FL 32327  
City, State & Zip

850 264 0532  
Daytime Telephone number

\_\_\_\_\_  
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: CODY'S CONSTRUCTION INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
16 RED BUD LANE

Mailing address, if different is:

CRAWFORDVILLE FL

32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSTRUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KENTON FARRIS ~~OWNER~~ <sup>DIRECTOR</sup> Name and Title:

Address: 6240 W TENNESSEE ST Address:

TALLAHASSEE FL

32304

Name and Title: CODY HAWKINS <sup>OFFICER</sup> Name and Title:

Address: 16 RED BUD LANE Address:

CRAWFORDVILLE FL 32327

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: CODY HAWKINS  
Address: 16 RED BUD LANE  
CRAWFORDVILLE FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CODY HAWKINS  
Address: 16 RED BUD LANE  
CRAWFORDVILLE FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-26-16 (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*

Cody Hawkins  
Required Signature/Registered Agent

10-26-16  
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.*

Cody Hawkins  
Required Signature/Incorporator

10-26-16  
Date