

P160000586078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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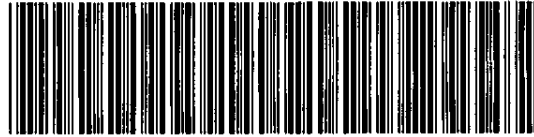
(Business Entity Name)

(Document Number)

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

SUBJECT: GOVERNMENTAL 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: KEN WEBSTER
Name (Printed or typed)

640 EUGENIA ST
Address

TALLAHASSEE FL 32310
City, State & Zip

504/722-8622
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

EIN:
35-2574242

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: GOVERNMENTAL CONTRACTORS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
640 EUGENIA ST #201
TALLAHASSEE FL 32310

Mailing address, if different is:
1375 TIOGA AVE
CLEARWATER FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY legal BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: K.D. WEBSTER V.P. Name and Title: _____

Address: 640 EUGENIA ST #201 Address: _____
TALLAHASSEE FL 32310

Name and Title: SHERRY FAGG V.P. Name and Title: _____

Address: 2335 TINA DR. Address: _____
TALLAHASSEE FL 32301

Name and Title: STAR MANNING V.P. Name and Title: _____

Address: 640 EUGENIA ST #201 Address: _____
TALLAHASSEE FL 32310

16 OCT 28 PM 2:28
TALLAHASSEE FL 32310
FILED

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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: KEN WEBSTER
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEN WEBSTER
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/16 (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

10/28/16
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

10/28/16
Date