

P16000090773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

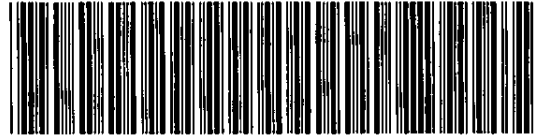
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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

V HERRING

NOV 14 2016

COVER LETTER

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

SUBJECT: SAM SCREENING & AWNINGS SERVICES CORP.

(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: ALTON SAMUEL DUNKLEY

Name (Printed or typed)

4703 HAZEL AVE S

Address

LEHIGH ACRES, FL 33976

City, State & Zip

305-917-3450

Daytime Telephone number

denzeldunks@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)

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ARTICLE I NAME

The name of the corporation shall be: SAM SCREENING & AWNINGS SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4703 HAZEL AVE S

LEHIGH ACRES FL 33976

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SCREENING, GUTTERS, PATIO COVERS, INSECT SCREEN, PATIO SCREENS,

ALUMINUM AWNINGS, REMOVE & INSTALL WINDOWS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALTON S DUNKLEY, PRESIDENT

Name and Title: _____

Address 4703 HAZEL AVE S

Address: _____

LEHIGH ACRES FL 33976

Name and Title: ALTON S DUNKLEY, OFFICER

Name and Title: _____

Address 4703 HAZEL AVE S

Address: _____

LEHIGH ACRES FL 33976

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALTON S DUNKLEY _____

Address: 4703 HAZEL AVE S _____

LEHIGH ACRES, FL 33976 _____

ARTICLE VII INCORPORATOR

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

Name: ALTON S DUNKLEY _____

Address: 4703 HAZEL AVE S _____

LEHIGH ACRES FL 33976 _____


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

10/6/2016

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

10/6/2016

Date