

P16000092646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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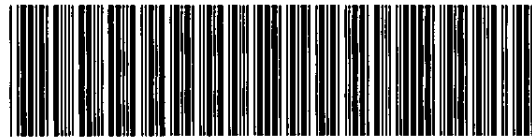
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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11/22/16

COVER LETTER

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

SUBJECT: LARROW Bros. Const. 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: John Larrow
Name (Printed or typed)

109 EAST CORALWAY UNIT D
Address

INDIANIA FL. 32903
City, State & Zip

321-750-6533
Daytime Telephone number

larrow John @ 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: Larrow Bros. CONST. INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address [#]
109 east Coral way Unit D
Indianatlantic FLA.
32903

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO Do buisness
as a Building Contractor in
Brevard County and the STATE
of FL.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Larrow CEO Name and Title: _____

Address 109 East Coral way Address: _____
Unit D, Indianatlantic
FL. 32903

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: John Larrow
Address: 109 East Coralway
Unit D Indian Atlantic Fl. 32903

ARTICLE VII INCORPORATOR

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

Name: John Larrow
Address: 109 East Coralway
Unit D. Indian Atlantic Fl.

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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

John Larrow
Required Signature/Registered Agent

11/15/16
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.

John Larrow
Required Signature/Incorporator

11/15/16
Date