

P17000030201

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☐ PICK-UP

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(Business Entity Name)

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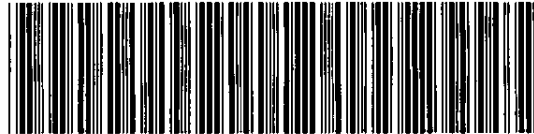
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APR 05 2017

T. SCOTT



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04/05/17--01012--007 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -5 PM 10:40
RECEIVED
DEPARTMENT OF STATE
17 APR -5 AM 11:52

COVER LETTER

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

SUBJECT: SURE CAN 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: KENTON ELLIOTT FARIS
Name (Printed or typed)

6401 W TENNESSEE ST
Address

TALLAHASSEE FL 32304
City, State & Zip

850 631 1313
Daytime Telephone number

KENTONEFARIS@GMAIL
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: SURE CAM CONSTRUCTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6401 W TENNESSEE ST
TALLAHASSEE FL 32304

← SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW CONSTRUCTION
REMODELING

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENTON FARIS OWNER Director Name and Title:

Address: 6401 W TENNESSEE ST Address:

TALLAHASSEE FL
32304

Name and Title: TERRY FARIS CO-OWNER Director Name and Title:

Address: 6401 W TENNESSEE ST Address:

TALL FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR - 5 PM 10:41

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: KENTON FARRIS

Address: 6401 W TENNESSEE ST
TALL FL 32304

ARTICLE VII INCORPORATOR

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

Name: KENTON FARRIS

Address: 6401 WEST TENNESSEE ST
TALL FL 32304

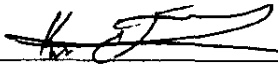
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4-5-17 (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

4-5-17

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

4-5-17

Date