

P1700W34915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

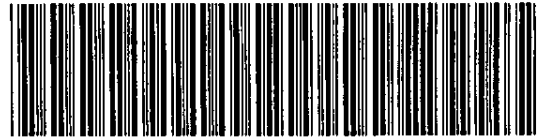
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000296945100

04/03/17--01023--005 **8.75

04/03/17--01023--004 **70.00

APPROVAL
AND
FILED
17 APR 17 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1700W29469

APR 18 2017

T. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2017

GERALD ODOM
5695 BAILEY RD
MULBERRY, FL 33860

SUBJECT: GERALD ODOM, INC
Ref. Number: W17000029469

We have received your document for GERALD ODOM, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 317A00006658

COVER LETTER

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

SUBJECT: Gerald Odom, 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: Gerald Odom
Name (Printed or typed)
5695 Bailey Rd
Address
Mulberry, FL 33860
City, State & Zip
(863) 844-1272
Daytime Telephone number
geraldodominc@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:

Gerald Odom, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5695 Bailey Rd.
Mulberry, FL 33860

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Contractor, Construction,
and sub-contract

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Gerald Odom, P.

Name and Title:

Address:

5695 Bailey Rd.
Mulberry FL 33860

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

17 APR 17 AM 8:46
CLERK OF STATE
TAMPA, FLORIDA

APPROVED
AND
FILED

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: Gerald Odom

Address: 5695 Bailey Rd.
Mulberry, FL 33760

ARTICLE VII INCORPORATOR

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

Name: Gerald Odom

Address: 5695 Bailey Rd.
Mulberry, FL 33800

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 days prior or 90 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

Gerald Odom

Required Signature/Registered Agent

3/29/17

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.

Gerald Odom

Required Signature/Incorporator

3/29/17

Date