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(Document Number)

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07/05/17--01019--003 **78.75

D O'KEEFE
JUL 14 2017

W17-56347

P17 000 000 267

6/30/2017

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

To Whom It May Concern,

I have no intention of reinstating Central Florida Acrylic Decking, Inc., document # P01000009486. I give my permission to release the name Central Florida Acrylic Decking on my new filing. Please call me if any further information is needed from me. Thanks.

Regards,



Mark Growe
407-579-9253

17 JUN -1 4 2017

D O'KEEFF

JUL 14 2017



Inc.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2017

MARK GROWE
4938 RIVER GEM AVE.
WINDERMERE, FL 34786

SUBJECT: CENTRAL FLORIDA ACRYLIC DECKING
Ref. Number: W17000056347

We have received your document for CENTRAL FLORIDA ACRYLIC DECKING 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 617A00013800

D O'KEEFE

JUL 14 2017

17 JUL - 7 11 00 12

COVER LETTER

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

SUBJECT: Central Florida Acrylic Decking, 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: Mark Growe
Name (Printed or typed)

4938 River Gem Ave.
Address

Windermere, FL. 34786
City, State & Zip

407-579-9253
Daytime Telephone number

cfad@cfl.rr.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: Central Florida Acrylic Decking, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4938 River Gem Ave

Windermere, FL. 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Growe/ President

Name and Title: _____

Address: 4938 River Gem Ave.

Address: _____

Windermere, FL. 34786

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 JUL -5 AM 10:17

17 JUL -5 AM 10:17

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: Mark Growe
Address: 4938 River Gem Ave.
Windermere, FL. 34786

ARTICLE VII INCORPORATOR

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

Name: Mark Growe
Address: 4938 River Gem Ave
Windermere, FL. 34786

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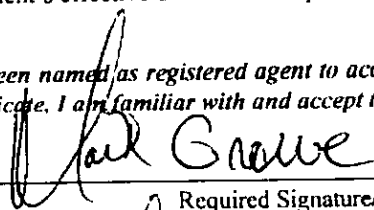
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/30/2017 (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

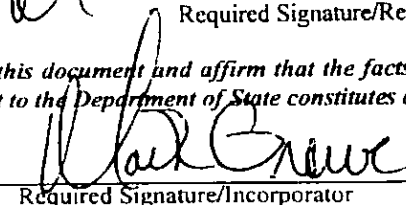


Required Signature/Registered Agent

6/30/2017

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

6/30/2017
Date