

PI7000067369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

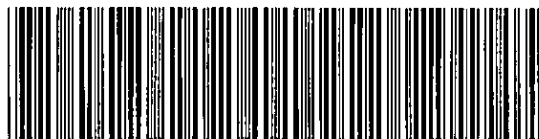
Special Instructions to Filing Officer.

Office Use Only

M. MOON

AUG 10 2017

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2017 AUG 10 11 24 45

2017 AUG 10 PM 2:30

COVER LETTER

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

SUBJECT: MOORE FENCE & DECK 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

*2

FROM: William Michael Moore
Name (Printed or typed)

8010 OLD CAMBRIDGE RD
Address

TALLAHASSEE, FL 32303
City, State & Zip

850-228-2355
Daytime Telephone number

MR - mmoore@icloud.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2017 AUG 10 PM 2:45

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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: MOORE FENCE & DECK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
8010 OLD DAINBRIDGE ROAD
TALLAHASSEE FL 32303

Mailing address, if different is:
81 N. PAGE ROAD
PERRY FL 32347

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Moore - owner</u>	Name and Title:	_____
Address:	<u>8010 OLD DAINBRIDGE ROAD</u>	Address:	_____
	<u>TALLAHASSEE FL 32303</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE COUNTY

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: WILLIAM MOORE

Address: 8010 OLD BAINBRIDGE RD
TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM MOORE

Address: 8010 OLD BAINBRIDGE RD.
TALLAHASSEE FL 32303

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


Required Signature/Registered Agent

8/10/17
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

8/10/17
Date

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TALLAHASSEE, FL
CLERK OF THE COURT