

P170000068347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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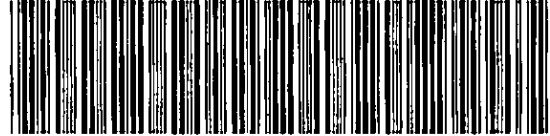
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2017

K. Brumbley

COVER LETTER

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

SUBJECT: GREENCOM, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Richard Hallas
Name (Printed or typed)
709 CAPE CORAL PARKWAY WEST
Address
CAPE CORAL, FL 33914
City, State & Zip
678-386-2444
Daytime Telephone number
RICHHALLAS@YAHOO.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: GREENCOMM, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
709 CAPE CORAL PARKWAY WEST

CAPE CORAL, FL 33914

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PERTAINING TO
CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES AT \$1.00 PAR PER SH/

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD HALLAS, PRESIDENT

Address: 709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

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: RICHARD HALLAS _____

Address: 709 CAPE CORAL PARKWAY W _____

CAPE CORAL, FL 33914 _____

ARTICLE VII INCORPORATOR

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

Name: RICHARD HALLAS _____

Address: 709 Cape Coral Parkway W _____

Cape Coral, FL 33914 _____

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:

Richard Hallas

Required Signature/Registered Agent

8/16/17

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.

Richard Hallas

Required Signature/Incorporator

8/16/17

Date