

P17 000074928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

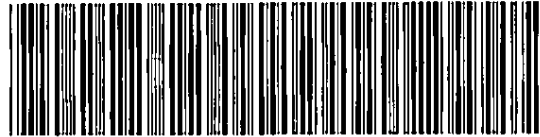
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500303242195

09/14/17--01006--007 \*\*78.75

17 SEP 14 AM 11:04

FILED  
2017 SEP 14 AM 11:16  
CLERK/AMAS/SEP 14 2017

## COVER LETTER

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

**SUBJECT:** Classic Home Builders 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:** Page Pitman

Name (Printed or typed)

2050 Capital Circle NE Suite E

Address

Tallahassee FL 32308-4302

City, State & Zip

850-523-9397

Daytime Telephone number

PitmansCustomConstruction.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: ~~Classic Home Inc~~ Builders Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2050 Capital Circle NE Suite E

Tallahassee FL 32308-4302

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Page Pitman, President Name and Title: \_\_\_\_\_

Address: 2050 Capital Circle NE Suite E Address: \_\_\_\_\_

Tallahassee FL 32308-4302 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2017 SEP 14 AM 11:15  
TALLAHASSEE, FL  
CLERK OF COURT

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: Bryan Sanders  
Address: 3295 Crawfordville Highway Suite B  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

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

Name: Bryan Sanders  
Address: 3295 Crawfordville Highway Suite B  
Crawfordville FL 32327

FILED  
2017 SEP 14 AM 11:15  
CLERK OF THE COURT  
JANUARY 1, 2018

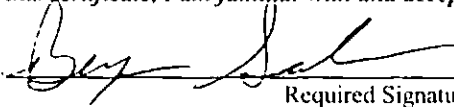
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/08/2017. (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.)

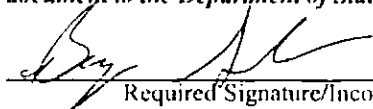
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9/8/2017  
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

9/8/2017  
Date