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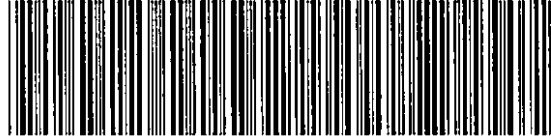
Certificates of Status \_\_\_\_\_

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17 OCT -2 PM 4:23  
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# COVER LETTER

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

**SUBJECT:** COUNTYLINE RESTORATION 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** DONALD B. JOHNSON  
\_\_\_\_\_  
Name (Printed or typed)

17 UTRILLO PLACE  
\_\_\_\_\_  
Address

PALM COAST, FL 32164  
\_\_\_\_\_  
City, State & Zip

386-931-8157  
\_\_\_\_\_  
Daytime Telephone number

SEANA68@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** COUNTYLINE RESTORATION INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17 UTRILLO PLACE

17 UTRILLO PLACE

PALM COAST, FL 32164

PALM COAST, FL 32164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION IS FORMED TO PERFORM RESTORATION WORK AND ANY OTHER BUSINESS PERMITTED BY APPLICABLE LAW

**ARTICLE IV SHARES**

The number of shares of stock is: The Corporation shall have the authority to issue 100 shares of common stock, par value \$1.00 per share.

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

Name and Title: DONALD B. JOHNSON, PRES. Name and Title: \_\_\_\_\_

Address 17 UTRILLO PLACE Address: \_\_\_\_\_

PALM COAST, FL 32164 \_\_\_\_\_

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

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

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

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

17 OCT - 2 PM 4:34  
STATE OF 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: DONALD B. JOHNSON  
Address: 17 UTRILLO PLACE  
PALM COAST, FL 32164

**ARTICLE VII INCORPORATOR**

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

Name: DONALD B. JOHNSON  
Address: 17 UTRILLO PLACE  
PALM COAST, FL 32164

17 OCT -2 PM 4:34  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 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*

Donald B. Johnson  
Required Signature/Registered Agent

9-28-17  
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.*

Donald B. Johnson  
Required Signature/Incorporator

9-28-17  
Date