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2017 DEC 12 PM 3:27  
TALLAHASSEE, FL 32301  
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## COVER LETTER

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

**SUBJECT:** Statewide Roofing Consultants 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:** Statewide Roofing Consultants Inc

\_\_\_\_\_  
Name (Printed or typed)

5901 Middlefield Road #100

\_\_\_\_\_  
Address

Littleton Co 80123

\_\_\_\_\_  
City, State & Zip

303-933-8655

\_\_\_\_\_  
Daytime Telephone number

statewideroofingusa@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

The name of the corporation shall be: Statewide Roofing Consultants Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
5901 Middlefield Road #100 Littleton Co 80123

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Roofing, gutters, siding and painting

## ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Ward

Name and Title: President

Address 67 Fairway Lane  
Littleton Co 80123

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, 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: Ryan Suta  
Address: 2462 Redstone Avenue  
North Port Fl 34288

**ARTICLE VII INCORPORATOR**

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

Name: Greg Ward  
Address: 67 Fairway Lane  
Littleton Co 80123


**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.)

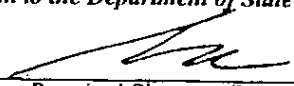
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/17/17  
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

11/14/17  
Date