

P18000079830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

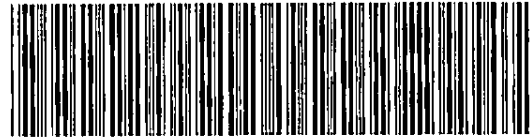
Special Instructions to Filing Officer:

Office Use Only

W1800078921

SEP 24 2018

T. SCOTT



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08/30/18--01026--038 **78.75

2018 SEP 17 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SOUTHERN CUSTOM BUILDERS OF FLORIDA CORPORATION
(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: ROBERT V MELFI
Name (Printed or typed)
8156 english elm cir
Address
spring hill florida 34606
City, State & Zip
352 238 1598
Daytime Telephone number
Southern custom builders@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2018

ROBERT V MELFI
8156 ENGLISH ELM CIR
SPRING HILL, FL 34606

SUBJECT: SOUTHERN CUSTOM BUILDERS OF FLORIDA
Ref. Number: W18000078921

We have received your document for SOUTHERN CUSTOM BUILDERS OF FLORIDA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00018169

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: Southern Custom Builders of Florida Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
8156 english elm cir spring hill florida 34606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: unlimited construction services and land management leasing ,r

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: robert veto melfi pres and owner

Name and Title: Pres. & Sec

Address: _____

Address: _____

Name and Title: ROBERT V. MELFI

Name and Title: TRISCUARI

Address: 8156 ENGLISH ELM CIR

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: robert Veto Melfi
Address: 8156 english elm cir spring hill 34606 florida

ARTICLE VII INCORPORATOR

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

Name: robert v melfi
Address: 8156 english elm cir. spring hill florida 34606

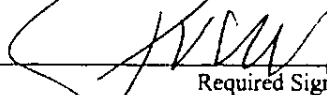
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/28/2018 (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

8/28/2018
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

8/28/2018
Date