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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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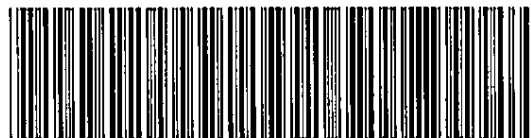
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SEP 20 2018  
DIVISION OF REVENUE  
18 SEP 20 PM 2:21

C RICO  
SEP 20 2018

COVER LETTER

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

SUBJECT: Saint Lucie Woodworks, 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:

Robert McNaughton  
Name (Printed or typed)

3282 SW Escarole St.  
Address

Port St. Lucie, FL 34953  
City, State & Zip

772-203-9297  
Daytime Telephone number

robermcnaughton@gmail.com  
E-mail address: (to be used for future annual report notification)

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

18 SEP 20 PM 2:21

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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: Saint Lucie Woodworks, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3282 SW Escarole St.  
Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Carpentry, Home Improvements

ARTICLE IV SHARES

The number of shares of stock is: 100 for Robert McNaughton, President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert McNaughton, President

Address: 3282 SW Escarole St.  
Port St. Lucie, FL 34953

Name and Title: Cody McNaughton, Vice President

Address: 3282 SW Escarole St.  
Port St. Lucie, FL 34953

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

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

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

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

19 SEP 20 AM 2:31  
CLERK OF DISTRICT COURT  
PORT ST. LUCIE, FL 34953

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 McNaughton  
Address: 3282 SW Escarole St.  
Port St. Lucie, FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert McNaughton  
Address: 3282 SW Escarole St.  
Port St. Lucie, FL 34953

**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*

X Robert McNaughton 8/27/18  
Required Signature/Registered Agent 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.*

X Robert McNaughton 8/27/18  
Required Signature/Incorporator Date