

P19 00000 3953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

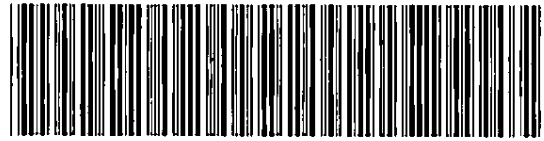
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 14 PM 3:30
TAMPA, FLORIDA

01/14/19--01005--007 **87.50

RECEIVED
19 JAN 14 PM 3:05
TAMPA, FLORIDA
DIVISION OF CORPORATIONS
TAMPA, FLORIDA

COVER LETTER

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

SUBJECT: Quality Construction of Pinellas, 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

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

FROM: Hubert Sanderson
Name (Printed or typed)

1027 NE 424th AV
Address

Old Town, FL 32080
City, State & Zip

352 2109599
Daytime Telephone number

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

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

1-14-2019

PD3000089885

We Do NOT intent to Reactivate
The old Corp # PD3000089885.

Hunter Sanders

FILED
2019 JAN 14 11:30
CLINTON COUNTY, PA

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: Quality Construction of Pinellas, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1027 NE 424th AV
Old Town, FL 32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Construction

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hubert Sanderson, Pres Name and Title: _____

Address: 1027 NE 424th AV Address: _____
Old Town, FL
32680

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2018 JAN 14 11:30
CLERK OF DISTRICT COURT
PINELLAS COUNTY, FL

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: Hubert Sanderson

Address: 1027 NE 424th AV

@ld Town, FL 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hubert Sanderson

Address: 1027 NE 424th AV

@ld Town, FL 32068

FILED
2019 JAN 14 11:00 AM
TALLAHASSEE, FL

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

Hubert Sanderson

Required Signature/Registered Agent

1-14-2019

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.

Hubert Sanderson

Required Signature/Incorporator

1-14-2019

Date