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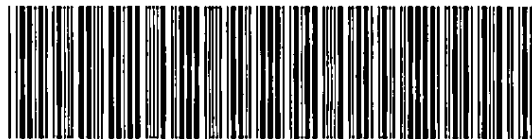
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2019 JAN 28 11:07:51
FEB 04 2019

COVER LETTER

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

SUBJECT: CLIMATE CRUSADER, 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: ALEXANDER ZASTERA

Name (Printed or typed)

101 BRACKEN COURT

Address

SAINT JOHNS, FL 32259

City, State & Zip

904-314-5096

Daytime Telephone number

ZASTERAA@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: CLIMATE CRUSADER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>101 BRACKEN COURT</u> <u>SAINT JOHNS, FL 32259</u> _____ _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ALEXANDER ZASTERA, P</u> Address: <u>101 BRACKEN COURT</u> <u>SAINT JOHNS, FL 32259</u> _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

FILED
JAN 20 AM 7:53
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. JOHNS, 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: SHERYL P ZASTERA
Address: 101 BRACKEN COURT
SAINT JOHNS, FL 32259

ARTICLE VII INCORPORATOR

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

Name: ALEXANDER ZASTERA
Address: 101 BRACKEN COURT
SAINT JOHNS, FL 32259

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

Sheryl P. Zastera 1/17/19
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.

Alexander Zastera 1/22/19
Required Signature/Incorporator Date