

P19000010984

(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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02/11/19--01001--002 **20.00

02/11/19--01001--003 **50.00

19 FEB -8 PM 12:46

COVER LETTER

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

SUBJECT: CTB Construction 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: Calvin Thomas Watson
Name (Printed or typed)

309 Conyers Street
Address

Havana, Florida 32333
City, State & Zip

850-556-6549 or 850-597-3714
Daytime Telephone number

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: C&B Construction INC ^{of Florida}

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

209 Conyers Street
Havana, Florida

209 Conyers Street
Havana, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Repairing Homes

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Calvin Thomas Watson Name and Title: _____

Address: 209 Conyers Street Address: _____

Havana, Florida

32333

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

P.

FILED

2019 FEB -8 PM 2:49

CLERK OF DISTRICT COURT
HAVANA, 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:

Calvin Thomas Watson

Address:

209 Conyers Street
Havana, Florida 32333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Calvin Thomas

Address:

209 Conyers Street
Havana, Florida 32333

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/8/19 (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

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

Date