

P19000020003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

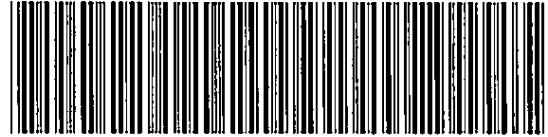
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900326051819

FILED
2019 MAR 11 AM 11:55
03/11/19--01006--005 * 07.50
CLERK OF SUPERIOR COURT
JULIA A. STAFF
JULIA A. STAFF

RECEIVED
19 MAR 11 AM 11:40
CLERK OF SUPERIOR COURT
JULIA A. STAFF
JULIA A. STAFF

B 3/11/19

COVER LETTER

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

SUBJECT: Statewide Associates, 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: Jason Woods
Name (Printed or typed)

2863 Duncan Tree Circle
Address

Valrico FL 33594
City, State & Zip

813 508 2152
Daytime Telephone number

jason@sai-us.net
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: Statewide Associates, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

6409 N 50th Street
Suite D
Tampa FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

General Contractor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Woods/P Name and Title: _____

Address: 2863 Duncan Tree Circle Address: _____
Valrico, FL 33594

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2019 MAR 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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:

Thomas C. Little, P.A.

Address:

2123 N.E. Coachman Road

Suite A Clearwater, FL 33765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jason Woods

Address:

2863 Duncan Tree Circle

Valrico, FL 33594

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

Tom Little

Required Signature/Registered Agent

3/11/19

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.

[Signature]
Required Signature/Incorporator

3/11/19
Date