

PI9 0000 23803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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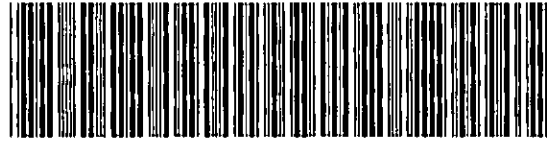
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/19--01015--015 **87.50

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19 MAR 14 PM 1:57

CLERK OF COURT
JANESVILLE, WISCONSIN

12/2

COVER LETTER

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

SUBJECT: Weather Barrier Specialists 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: David J Scarpitti

Name (Printed or typed)

1676 Slash Pine Place

Address

Oviedo, Florida 32765

City, State & Zip

407-448-9920

Daytime Telephone number

jmscarpitti@bellsouth.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: Weather Barrier Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1676 Slash Pine Place

Oviedo, Florida 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation of various moisture barriers, including but limited to taping, weep screens, and limited window installs

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Scarpitti, Treasurer

Name and Title: _____

Address: 1676 Slash Pine Place
Oviedo, FL 32765

Address: _____

Name and Title: Brian Oakman, VP

Name and Title: _____

Address: 3410 Ravencreek Lane
Oviedo, FL 32766

Address: _____

Name and Title: Julie Oakman, Secretary

Name and Title: _____

Address: 3410 Ravencreek Lane
Oviedo, FL 32766

Address: _____

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19 MAR 14 PM 1:58
CLERK OF CIRCUIT COURT
JANICE E. HARRIS

Name and Title: MART ELLIEN SCARPITTI, PRESIDENT Name and Title: _____
Address: 3435 RAVENCRACK LANE Address: _____
OVIEDO, FL 32766 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stephanie Stanger
Address: 713 Strihat Loop
Oakland, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David J. Scarpitti
Address: 1676 Slash Pine Place
Oviedo, FL 32765

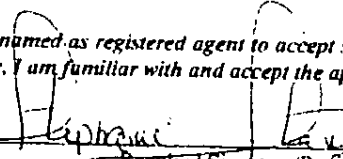
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 11, 2019 (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.)

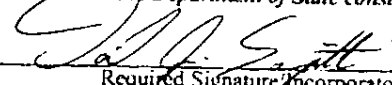
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

3/10/19
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.


Required Signature/Incorporator

3-11-19
Date

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MAR 14 PM 1:59
19
CLERK OF THE
DEPARTMENT OF
STATE