

P19000058238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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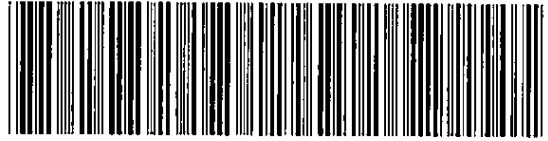
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JEFF'S Plastering and Stucco corp
(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: Robbin Robert Richardson
Name (Printed or typed)

4131 B. Williams Ln
Address

Tallahassee FL, 32303
City, State & Zip

850 264 3078
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: Jeff's Plastering and Stucco Corp

ARTICLE II PRINCIPAL OFFICE

4131 B.W. Williams Ln Principal street address Mailing address, if different is: _____
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To work as sub contrac-
tigator

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robbin Richardson - P Name and Title: _____

Address: 4131 B.W. Williams Ln Address: _____
Tall, FL, 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: Robbin Richardson
Address: 4131 Telegraph Road
32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robbin Richardson
Address: 4131 B. Williams Ln
Tell Fla 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/29/20 (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:

Robbin Robert Richardson
Required Signature/Registered Agent

7/29/20
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.

Robbin R. Richardson
Required Signature/Incorporator

7/29/20
Date