

P1900000060873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT



MAIL

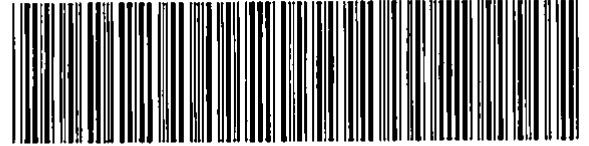
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100332758831

08/06/19--01013--011 **78.75

RECEIVED
19 AUG -6 AM 11:26

FILED
19 AUG -6 AM 11:15
100332758831

Legal Memorandum

TO: Tori

FROM: Michelle

DATE: August 5, 2019

Please hand deliver the new filing to the Florida Department of State. We would like it walked through if at all possible. If not, please have the Clerk date stamp the copy and bring back with you. Thank you.

COVER LETTER

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

SUBJECT: HOLIDAY BEACH MECHANICAL, 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: Frances Casey Lowe

Name (Printed or typed)

68-A Feli Way

Address

Crawfordville, Florida 32327

City, State & Zip

850-926-8245

Daytime Telephone number

francie@lowesparkman.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: HOLIDAY BEACH MECHANICAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17614 Ashley Drive

Panama City Beach, Florida 32413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharri Roberts, Director

Name and Title: Jason Roberts, Director

Address 5 Blue Crab Lane

Address: 5 Blue Crab Lane

Panama City Beach, FL 32413

Panama City Beach, FL 32413

Name and Title: Chris Roberts, Secretary/Treasurer

Name and Title: _____

Address 120 Dragon Circle 27005

Address: _____

Panama City Beach, FL 32411

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
19 AUG -6 AM 11:15
CLERK OF DISTRICT COURT
PANAMA CITY BEACH, 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: Jason Roberts
Address: 17614 Ashley Drive
Panama City Beach, Florida 32413

ARTICLE VII INCORPORATOR

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

Name: Jason Roberts
Address: 17614 Ashley Drive
Panama City Beach, FL 32413

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




Required Signature/Registered Agent

7/26/2019

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

7/26/2019

Date

FILED
19 AUG -6 AM 11:15
TALLAHASSEE, FL
DEPARTMENT OF STATE