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(Business Entity Name)

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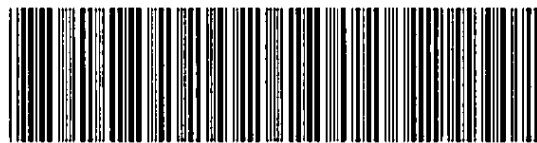
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SECRETARY OF STATE
DIVISION OF CORPORATION
19 AUG 16 PM 4:12
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bobby Middlebrooks Plumbing 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: Bobby Middlebrooks Plumbing Inc
Name (Printed or typed)

1455 Cypress Lane
Address

Bonifay FLA 32425
City, State & Zip

850-547-3658
Daytime Telephone number

Middlebrooks Contractors INC @ outlook.com
E-mail address: (to be used for future annual report notification)

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: Bobby Middlebrooks Plumbing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1455 Cypress Lane
Bonifay, FLA 32425

Mailing address, if different is:

612 West Hwy 90
BONIFAY, FL 32425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Plumbing Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert R. Middlebrooks
President

Address: 1455 Cypress Lane
BONIFAY

Name and Title: Andrew Stevenson

Address: 1455 Cypress LN
BONIFAY, FL 32425
(Sec. Treasurer)

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 16 PM 4:12
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: _____

(Robert R. Middlebrooks)

Address: _____

1455 Cypress Lane
Bonfay, FL 32425

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Robert R. Middlebrooks

Address: _____

1455 Cypress Lane
Bonfay, FL 32425

DEPARTMENT OF STATE
DIVISION OF CORPORATION
19 AUG 16 PM 4:12
TALLAHASSEE, FLORIDA

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

Robert R. Middlebrooks

Required Signature/Registered Agent

8/13/19

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.