

P19000074006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

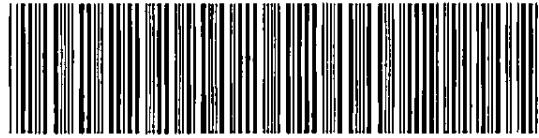
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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10/01/19--01026--011 **70.00

FILED
2019 OCT -1 PM 3:04
19 OCT -1 PM 2:50
CLERK OF COURT
CLERK OF COURT

COVER LETTER

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

SUBJECT: Albertson Construction
(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: Roy Albertson
Name (Printed or typed)

4449 Sweetleaf Ln
Address

Tall FL 32303
City, State & Zip

850-933-2332
Daytime Telephone number

albertsonroy@hotmail.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:

Albertson Construction Int

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4449 Sweetleaf Ln
Tall Fl 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Get Workmans

Comp Exemption

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Roy Albertson

Name and Title:

President

Address

4449 Sweetleaf
Ln Tall Fla
32303

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2013 OCT -1 PM 3:04
CLERK OF DISTRICT COURT
JULIA HASSETT, CLERK

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: Roy Albertson
Address: 4449 Sweetleaf Ln
Tall Fl 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roy Albertson
Address: 4449 Sweetleaf Ln
Tall Fl 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/19 (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

Roy Albertson
Required Signature/Registered Agent

10/1/19
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.

Roy Albertson
Required Signature/Incorporator

10/1/19
Date