P20000002260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

20 JAN -2 PM 3:19

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JA...

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 1/2/2020 **PRIORITY** Routine **OUR REF # (Order ID#)** 797813

ORDER ENTITY
POLARIS ROOFING, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
POLARIS ROOFING, INC. (FL)

Please file the attached articles of incorporation and provide a certified copy as evidence.

NOTES:
$78.75 Authorized
Email address for annual report reminders: jmarcuscpa@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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SECRETARY OF STATE
TALLAHASSEE, FL

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: POLARIS ROOFING, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5540 SPECTRA CIRCLE, UNIT 204

ESTERO, FL 33928

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful activity.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFF BUSCH, PRESIDENT

Address 5540 SPECTRA CIRCLE, UNIT 204
ESTERO, FL 33928

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: JEFF BUSCH

Address: 5540 SPECTRA CIRCLE, UNIT 204

ESTERO, FL 33928

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEFF BUSCH

Address: 5540 SPECTRA CIRCLE, UNIT 204

ESTERO, FL 33928

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

Jeff Busch
Required Signature/Registered Agent

01/02/2020
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.

Jeff Busch
Required Signature/Incorporator

01/02/2020
Date

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TALLAHASSEE, FL