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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

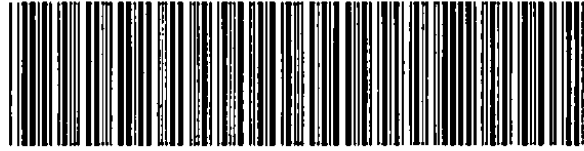
(Business Entity Name)

(Document Number)

ies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



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12/27/19--01005--003 \*\*70.00

**COVER LETTER**

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

**SUBJECT: BILL HENDERSON CONSTRUCTION, 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: BILL HENDERSON**  
Name (Printed or typed)

2327 ALDRIDGE AVE.  
Address

FT. MYERS, FL 33907  
City, State & Zip

239-839-4201  
Daytime Telephone number

napelestaxaccounting@gmail.com  
E-mail address: (to be used for future annual report notification)

2019 DEC 27 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

**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: BILL HENDERSON CONSTRUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
7 ALDRIDGE AVE.  
FORT MYERS, FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BILL HENDERSON - PRES Name and Title: \_\_\_\_\_

Address: 2327 ALDRIDGE AVE. Address: \_\_\_\_\_

FORT MYERS, FL 33907 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**FILED**  
2019 DEC 27 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BILL HENDERSON  
Address: 2327 ALDRIDGE AVE.  
FORT MYERS, FL 33907

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

Name and address of the Incorporator is:

Name: BILL HENDERSON  
Address: 2327 ALDRIDGE AVE.  
FORT MYERS, FL 33907

**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 date of filing.

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.

I, the undersigned, have 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.

Bill Henderson  
Required Signature/Registered Agent

12-15-19  
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.

Bill Henderson  
Required Signature/Incorporator

12-15-19  
Date