

P200000 88356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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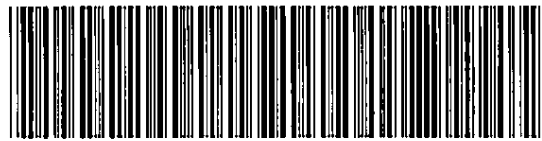
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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NOV 1 2020

2020 NOV 16 PM 1:17

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COVER LETTER

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

SUBJECT: Corso Custom Builders 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Thomas J. Craok
Name (Printed or typed)

2430 SE 108th Ln.
Address

Dcala, FL 34480
City, State & Zip

352-266-5243
Daytime Telephone number

CorsoCustomBuilders@gmail.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: Corso Custom Builders Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9180 S US Hwy 441
Ocala, FL 34480

2430 SE 108th Lane
Ocala, FL 34480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Crook / President

Name and Title: _____

Address 2430 SE 108th Lane
Ocala, FL 34480

Address: _____

Name and Title: Thomas J. Crook / Secretary

Name and Title: _____

Address 2430 SE 108th Lane
Ocala, FL 34480

Address: _____

Name and Title: Thomas J. Crook / CFO

Name and Title: _____

Address 2430 SE 108th Lane
Ocala, FL 34480

Address: _____

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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: Thomas J. Crook

Address: 2430 SE 108th Lane

Dcala, FL 34480

ARTICLE VII INCORPORATOR

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

Name: Thomas J. Crook

Address: 2430 SE 108th Lane

Dcala, FL 34480

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

Thomas J. Crook
Required Signature/Registered Agent

11/16/20
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.

Thomas J. Crook
Required Signature/Incorporator

11/16/20
Date