

P21000063951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

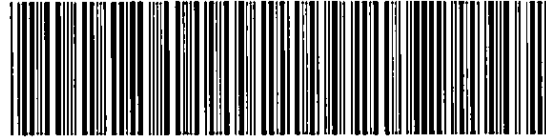
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600369905176

RECEIVED  
2021 JUL 13 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

07/13/21--01014--012 \*\*87.50

2021 JUL 13 PM 1:24

## COVER LETTER

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

SUBJECT: Crum's Flooring 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: H. Rufus Crum  
Name (Printed or typed)

830 Chaf Chason Rd.  
Address

Quincy FL, 32352  
City, State & Zip

850-694-6535  
Daytime Telephone number

CrumFloors@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: Crum's Flooring Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
830 Chap Chason Rd  
Quincy, FL 32352

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation shall have perpetual existence, commencing the date these Articles are executed and acknowledged with the power to engage in any lawful business and have all powers enumerated in the Florida General Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: The Corporation is authorized to issue 1,000 shares of \$ .10 par value common stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

H. Rufus Crum  
830 Chap Chason Rd  
Quincy, FL 32352  
P

Name and Title:

Kathryn Jackson  
830 Chap Chason Rd.  
Quincy, FL 32352  
S

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 JUL 13 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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:

Kathryn Jackson

Address:

830 Chaf Chason Rd  
Quincy, FL 32352

**ARTICLE VII INCORPORATOR**

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

Name:

H. Rufus Crum

Address:

830 Chaf Chason Rd.  
Quincy, FL 32352

FILED  
2021 JUL 13 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

Kathryn Jackson

Required Signature/Registered Agent

7/13/21

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.*

Hilton R Crum

Required Signature/Incorporator

Date

7/13/21