P2/000077397

(Requestor's Name)				
(Ad	Idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000372191360

08/26/21--01023--082 **87.50

J DENNIS AUG 30 2021



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

SUBJECT:	Sanders South Roofing Consulting Services Co. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Fiting Fee & Certified Copy ADDITIONAL CO	Status		
FROM:	Stephen Sanders	_			
	Nam	e (Printed or typed)	-		
	728 Windlass Way				
		Address	-		
	Sanibel, FL 33957 City	State & Zip			
•	716-570-6475				
	Daytime 1	elephone number			
	sanders@jasroofing	.com			
	E-mail address: (to be use	d for future annual report r	otification)		

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)

		fing Consulting Services Co.
	AL OFFICE ncipal street address	Mailing address, if different
28 Windlass WAy		
anibel, FL 33957		
ICLE III PURPOSI	g to pro	vide consulting services related to
purpose for which the	n, be it new construction or re	eroofing
	1, De it lieve constitution of the	

Name and Title:_	OFFICERS AND/OR DIRECTORS Stephen K. Sanders, Presid	ent Name and Title:
Address	728 Windlass Way	Address:
Address	728 Windlass Way Sanibel, FL 33957	Address:
Address _		Address:
_		Address:
Name and Title:	Sanibel, FL 33957	Address: Name and Title:
_		Address: Name and Title:
Name and Title:	Sanibel, FL 33957	Address: Name and Title:
Name and Title:	Sanibel, FL 33957	Address: Name and Title:
Name and Title: Address	Sanibel, FL 33957	Address:
Name and Title: Address	Sanibel, FL 33957	Address: Name and Title:
Name and Title: Address	Sanibel, FL 33957	Address:
Name and Title: Address Name and Title:	Sanibel, FL 33957	Address:

Name and Tit	le:	Name and Title:
Address		
ARTICLE VI REG	ASTERED AGENT a street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Stephen Sanders	
	728 Windlass Way	
	Sanibel, FL 33957	
ARTICLE VII INC	<u>CORPORATOR</u>	
The name and addre	ss of the Incorporator is:	
Name:	Stephen Sanders	
Address: 72	728 Windlass Way	
	Sanibel, FL 33957	
ARTICLE VIII EF Effective date, if other (If an effective date filing.)	er than the date of filing:	. (OPTIONAL) annot be more than five days prior or 90 days after the
Note: If the date inso the document's effect	erted in this block does not meet the applicative date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.
Having been named of certificate, I am famil	as registered agent to accept service of proce liar with and accept the appointment as reg	ess for the above stated corporation at the place designated in the istered agent and agree to act in this capacity
	III.	8/22/21
	Required Signature/Registered Agent	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein artment of State constitutes a third degree f	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
	Stephen Sanders	8/22/21
Required Signature/I	ncorporator	Date