P27200004800

(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



500379593715

49

1372 JUN 41 MI 802 D

0

COVER LETTER

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

SUBJECT: Veterant Ruofing (PROPOSED CORPORA	Consultants Inc
(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$\$ \$70.00	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
Mich 1 0 Acc	a
FROM: Michael R. Bosse	e (Printed or typed)
161 Annwood Ro	d .
Palm Harker,	
(727) 804-	5077
•	elephone number ady@gmal.cum d for future annual report notification)
E-mail address: (to be used	d 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 s	shall be: VETEVANE	Roofing Consi	Utants Inc.
ARTICLE II PRINCIPA LE I ANNWOOD RIG	<u>LOFFICE</u> cipal <u>street</u> address 1 ·	! Mailing ac	ddress, if different is:
	Landy 34685		
ARTICLE III PURPOSE The purpose for which the co	orporation is organized is:	and all lowful	l husiness
			. 1
Name and Title: 1	kis: 100,000 FFICERS AND OR DIRECTORS Michael R Busse Sir. of Annwood Rd. Um Harbur, Fl. 34085	Address:	sident, VP.
Name and Title:		Name and Title: Address:	<u>S</u>
Name and Title: Address		Name and Title: Address:	8: 4: 8: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:

Name and Title:	Name and Title:
Address	Address:
ABTICLE VI DECISTEDER ACENT	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name: MILLIWEL RBUSS	se Sv.
Address: 161 Annwood R	
	-
tally Har bor,	PL 34685
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Possenia Baco	·P
Address: <u>161 Annword R</u>	
Palm Harbor,	FL 34685
ARTICLE VIII FFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL)
(If an effective date is listed, the date must be sp filing.)	ecific and cannot be more than five days prior or 90 days after, the
the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed f State's records.
·	
	rvice of process for the above stated corporation at the place designated in a nument as registered agent and agree to act in this capacity
	nument us registered agent and agree to act in this capacity
/ Mallen / Co	1/10/2
Required Signature/Regi	stered Agent Date
	stated herein are true. I am aware that the false information submitted i
accument to the Department of State constitutes a l	third degree felony as provided for in s.817.155, F.S.
RUSAMU TIMUSSE	1110107
Required Signature/Incorporator	Date