

P22000021263

(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



900383823719

03/22/22--01001--023 \*\*70.00

FILED  
2022 MAR 21 AM 9:22  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2022 MAR 21 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/21 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**INC**

**1. FLORIDA SHOWER AND BATH, INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

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

**SUBJECT:** FLORIDA SHOWER AND BATH, INC.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Registered Agent Solutions, Inc.

Name (Printed or typed)

Corporate Center One - 5301 Southwest Parkway, Suite 400

---

Address

Austin, TX 78735

City, State &amp; Zip

888-705-7274

Daytime Telephone number

ebunneil@pbiva.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: FLORIDA SHOWER AND BATH, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

501 Central Drive, Virginia Beach, VA 23454

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Construction, remodeling, showers, and bath

FILED  
2022 MAR 21 AM 9:22  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Edward Augustine, President

Address: 501 Central Drive  
Virginia Beach, VA 23454

Name and Title: Robert Shackford, Vice President

Address: 501 Central Drive  
Virginia Beach, VA 23454

Name and Title: Caren Augustine, Treasurer

Address: 501 Central Drive  
Virginia Beach, VA 23454

Name and Title: Ellen S. Bunnell, Secretary

Address: 501 Central Drive  
Virginia Beach, VA 23454

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

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

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

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

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Edward Augustine

Address: 501 Central Drive

Virginia Beach, VA 23454


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

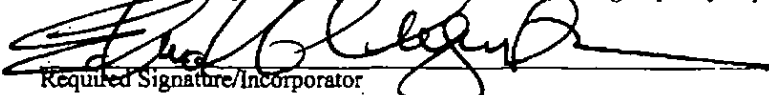
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 Adam Saldana, Asst. Secretary 03/17/22  
Required Signature/Registered Agent 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.*

 03/17/22  
Required Signature/Incorporator Date

FILED  
2022 MAR 21 AM 9:22  
CLERK OF STATE  
TALLAHASSEE, FL