# P22000028344

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use On S. CHATHAM				

APR 14 2022

4

000384002550

03/29/22--01017--008 \*\*78.75

FILED 22 MAR 28 AM 3: 4.9 SECRETARY OF STATE

V

# **COVER LETTER**

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

• <

Application for Florida Profit Corporation

True Building, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

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

□ \$70.00 Filing Fee	<ul> <li>\$78.75</li> <li>Filing Fee</li> <li>&amp; Certificate of Status</li> </ul>	☑ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:	1: Mathew D. Allen Name (Printed or typed) 1442 Palmetto St.				
Clearwater, Fla. 33755 City. State & Zip					
	<u>303-870</u> Daytime T <u>Frue building</u> & E-mail address: (to be used	-	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)

ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address 1442 Palmetto St:	Mailing address, if different is
(leachater, Ele 33755	
<u>ARTICLE III PURPOSE</u>	
- Iny ond all Lawfu	1 business
<u>ARTICLE IV SHARES</u> The number of shares of stock is: 10	
ARTICLE V INITIAL OFFICERS AND/OR DIREC	TORS
Name and Title:	Name and Title:
Name and Title:Address	
Address	
Address	Address:
Address         Name and Title:         Address         Name and Title:         Address         Address	Address:

Name and Title		Name and Title	: <u> </u>
Address		_ Address:	
		-	
	<u></u>	-	

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

Mathew D. Allen 142 Palmetto St. Learwater, fla. 33755

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Mathew D. Allen 1442 Palmetto St. Clearwatur, Fla. 33755

### 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 gecypt the appointment as registered agent and agree to act in this capacity

Required Signature Registered Agent

<u>Mar 23, 2028</u> 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.

Required Signature/Incorporator

Date 22 MAR 28 АH دب.