

P22000029818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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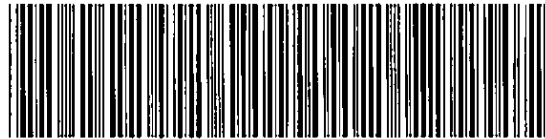
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/22--01003--023 **70.00

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2022 APR 20 PM 3:15 2022 APR 20 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AAA Roofing of Central Florida 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Kathy Ballam
 Name (Printed or typed)
3419 Galt Ocean Drive, Suite A
 Address
Fort Lauderdale, FL 33308
 City, State & Zip
954-567-0013
 Daytime Telephone number
Isaacminiard@yahoo.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: AAA Roofing of Central Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1040 NE 5th Street

Mailing address, if different is:

Crystal River, FL 34429

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Contracting

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Miniard, President

Name and Title: _____

Address 1040 NE 5th Street
Crystal River, FL 34429

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Isaac Miniard
Address: 1040 NE 5th Street
Crystal River, FL 34429

ARTICLE VII INCORPORATOR

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

Name: Isaac Miniard
Address: 1040 NE 5th Street
Crystal River, FL 34429

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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.)

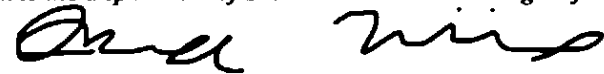
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

✓ 
Required Signature/Registered Agent

✓ 4-18-2022
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

✓ 4-18-2022
Date