

P2200014351937

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FRANK DRYWALL SERVICES INC**

Certificate of Status	1
Certified Copy	0
Page Count	4
Estimated Charge	\$ 25.75

RECEIVED

2022 APR 20 PM 3:21

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

2021 APR 20 AM 11:26
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FILED

COVER LETTER

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

SUBJECT: FRANK DRYWALL SERVICES 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: FRANCISCO CASTELLANOS
Name (Printed or typed)

2771 SW DILL LN
Address

PORT ST. LUCIE, FL 34952
City, State & Zip

772-203-7479
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32314

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: FRANK DRYWALL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2771 SW DILL LN

PORT ST. LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCISCO CASTELLANOS, PRESIDENT Name and Title: _____

Address 2771 SW DILL LN Address: _____

PORT ST. LUCIE, FL 34952

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

FILED

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: FRANCISCO CASTELLANOS

Address: 2771 SW DILL LN

PORT ST. LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ

Address: 508 SW PORT ST. LUCIE BLVD.

PORT ST. LUCIE, FL 34953

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 CLERK OF CIRCUIT COURT
 ALACHUA COUNTY, FLORIDA

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

Francisco Castellanos
 Required Signature/Registered Agent

04/20/2022
 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.

Walter Gomez
 Required Signature/Incorporator

04/20/2022
 Date