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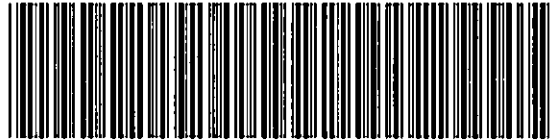
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/8/2022

NAME: REBUILD FL INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

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

SUBJECT: _____

Rebuild S FL

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

William McClean

Name (Printed or typed)

6395 Betty Ave.

Address

Port St. John, FL 32927

City, State & Zip

(530) 368-2284

Daytime Telephone number

billy@bmbuildings.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: RebuildSFI Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

6395 Betty Ave.
P.O. Box 1, St. John, FL 32927

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All and any legal business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Maclean, officer

Name and Title:

Address: 6395 Betty Ave.

Address:

P.O. Box 1, St. John.

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR -8 PM 1:58

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: William McClean
Address: 6395 Betty Ave.
Port St. John, FL 32927

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William McClean
Address: 6395 Betty Avenue
Port St. John, FL 32927

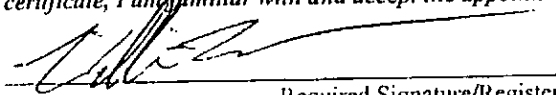
ARTICLE VIII EFFECTIVE DATE:

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.)

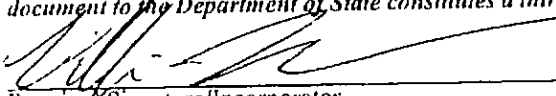
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/21/22
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

04/21/22
Date