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(((H23000151948 3)))



H230001519483ABC0

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: HARRY@SAMUELSACCOUNTING.COM

FLORIDA PROFIT/NON PROFIT CORPORATION TIMBER TEAK DECKING SOLUTIONS INC

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	tion shall be: TIMBER TEAK	DECKING SOLUTIONS INC		
CLE II PRING NW 78TH TER BROKE PINES,	Principal street address		Mailing address, if different is:	
TICLE III PURP(purpose for which t	OSE the corporation is organized is: ANY LEGAL			
-				
ICLE IV SHAR number of shares of	ES stock is: 1,500 AT NO PAR VALUE			
ICLE V INITIA	IL OFFICERS AND/OR DIRECTORS	Name and Title:		
ICLE V INITIA	AL OFFICERS AND/OR DIRECTORS MORNE L DÉVILLIERS - PRESIDENT/DIRECTOR 6201 PALM TRACE LANDINGS DRIVE	Name and Title: Address:		
Name and Title Address	MORNE L DEVILLIERS - PRESIDENT/DIRECTOR 6201 PALM TRACE LANDINGS DRIVE DAVIE, FL 33314	Address:		
Name and Title Address	MORNE L DEVILLIERS - PRESIDENT/DIRECTOR 6201 PALM TRACE LANDINGS DRIVE DAVIE, FL 33314	Address: Name and Title:		
Name and Title Address Name and Title	MORNE L DÉVILLIERS - PRESIDENT/DIRECTOR 6201 PALM TRACE LANDINGS DRIVE DAVIE, FL 33314	Address: Name and Title:		
Name and Title Address Name and Title Address	MORNE L DÉVILLIERS - PRESIDENT/DIRECTOR 6201 PALM TRACE LANDINGS DRIVE DAVIE, FL 33314	Address: Name and Title: Address:		

. . .

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2023	13:20	Fax			15168131189	p
•					H23000151948	
Name an		Title:		Name and Title:		
	Address			Address:		
						
			TERED AGENT			
The <u>r</u>	name and Flo	rida si	reet address (P.O. Box NOT acceptable) of	the registered agent is:		
Nam	ic:	HAR	RY M SAMUELS			
Address	ress:	2901	STIRLING ROAD 308			
		FTL	AUDERDALE, FL 33312			
	ICLE VII I	<u>iress</u> o	f the Incorporator is:			
Na	ame:	-MC	DRNE L DEVILLIERS			
A	Address:	6	201 PALM TRACE LANDINGS DRIVE			
		D.	AVIE, FL 33314			
Effect (If an	tive date, if o reffective da	ther th	CTIVE DATE: an the date of filing: sted, the date must be specific and cannot	OPTION	AL) ys prior or 90 days after the	:
filing	.)					,
			in this block does not meet the applicable s date on the Department of State's records.	statutory filing requiren	nents, this date will not be list	ted as
Havir certifi	ng been name icate, I am fai	d as re miliar	gistered agent to accept service of process fo with and accept the appointment as registere	r the abov e stated corpo d agent and agree to ac	ration at the place designated t in this capacity	in this
	Harry M	Sawi	nels		APRÎL 24 - 2023	1
Requi	red Signature	/Regist	ered Agent HARRY M SAMUELS		SS. Date 2	1
I subi	mit this docu	ment a	nd affirm that the facts stated herein are t	rue. I am aware that th	ie false information submitte	d in a

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

MORNE L DEVILLIERS

Morue L Devilliers Required Signature/Incorporator