

P 23000055846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

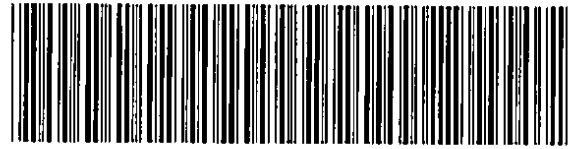
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900412587749

07/31/23--01034--008 **210.00

RECEIVED

2023 JUL 31 PM 3:13 2023 JUL 31 PM 6:16

ALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HE SHED SHE SHED1 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: DONNA DEAN
Name (Printed or typed)

40 NEVINS CT
Address

MERITT ISLAND FL 32953
City, State & Zip

720-980-1966
Daytime Telephone number

donna@roofsbyapex.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: HE SHED SHE SHERZ, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 NE VINS CI
MERITT ISLAND FL 32953 SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN DEAN (P) Name and Title: _____

Address: 40 NEVINS CI Address: _____

MERITT ISLAND
FL 32953

Name and Title: DONNA DEAN (VP) Name and Title: _____

Address: 401 NEVINS CI Address: _____

MERITT ISLAND
FL 32953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2013 J. 3 PM 5:16

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: DONNA DEAN
Address: 40 NEVINS CT
MERITT ISLAND FL 32953

ARTICLE VII INCORPORATOR

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

Name: DONNA DEAN
Address: 40 NEVINS CT
MERITT ISLAND FL 32953

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

7/31/2023
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

7/31/2023
Date

2023 JUL 31 PM 6:16