

P23000067974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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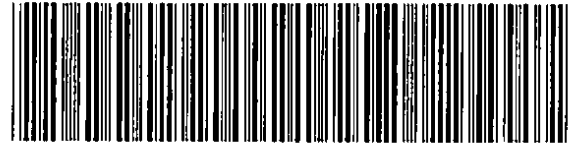
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 20 2023

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COVER LETTER

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

SUBJECT: ROOF MANAGEMENT & SERVICE COMPANY, 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: HARRY H. ESBENSHADE

Name (Printed or typed)

PO BOX 5310

Address

VIENNA, WV 26105

City, State & Zip

304-295-3311

Daytime Telephone number

reash@themountaincompany.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: ROOF MANAGEMENT & SERVICE COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11760 US Highway One

PO Box 5061

Suite W503

Palm Beach Gardens, FL 33408

Vienna, WV 26105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: organizational management and consulting services

ARTICLE IV SHARES

The number of shares of stock is: 500 shares authorized

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harry H. Esbenshade, Chairman/CEO

Name and Title: _____

Address PO Box 5310
Vienna, WV 26105

Address: _____

Name and Title: Rachel E. Reed, President

Name and Title: _____

Address 166 60th St.
Vienna, WV 26105

Address: _____

Name and Title: Molly H. Esbenshade, Vice President

Name and Title: _____

Address 11760 US Highway One
Suite W503
Palm Beach Gardens, FL 33408

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: Molly H. Esbenshade
345 Banyan Blvd., Apt. 1417
Address: _____
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

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

Name: Rachel E. Reed, President
Address: PO Box 5310
Vienna, WV 26105

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: N/A. (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

Molly H. Esbenshade
Required Signature/Registered Agent

9/1/2023
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.

Rachel E. Reed
Required Signature/Incorporator

9/1/23
Date