

P24000013653
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000071341 3)))



H240000713413ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : HUBCO
Account Number : 184662003400
Phone : (516)813-1184
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: krh@kenhigginscpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

CAPD Helical Piles and Excavation, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED
2024 FEB 22 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL
STATE NEWS
FEB 23 2024

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

H24000071341

FILED

EXP. FEB 22 PM 3:00

ARTICLE I NAME

The name of the corporation shall be: CAPD Helical Piles and Foundations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

137 Hollyhock Court
Marco Island, FL 34145

SECRETARY OF STATE
MAILING ADDRESS, STATE OF FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal and lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 200 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allen Dempsey - President/Director

Name and Title: _____

Address 137 Hollyhock Court
Marco Island, FL 34145

Address: _____

Name and Title: Christopher Dempsey - Vice President/Director

Name and Title: _____

Address 137 Hollyhock Court
Marco Island, FL 34145

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

H24000071341

H24000071341

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Allen Dempsey
Address: 137 Hollyhock Court
Marco Island, FL 34145

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Allen Dempsey
Address: 137 Hollyhock Court
Marco Island, FL 34145

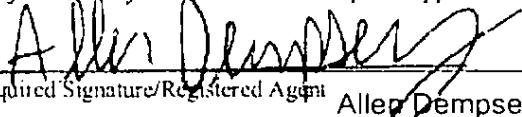
ARTICLE VIII EFFECTIVE DATE:

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 Allen Dempsey

February 21, 2024

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 Allen Dempsey

February 21, 2024

Date

H24000071341