

P24 0000 24274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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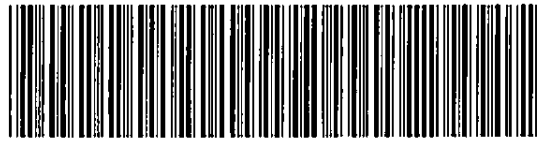
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS

T.S.H.
4/15/24

COVER LETTER

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

SUBJECT: C & L AUTO GLASS, 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: CHAD N. HOLLEMAN
Name (Printed or typed)

630 DARWIN RD
Address

VENICE, FL 34293
City, State & Zip

318-519-7429
Daytime Telephone number

CANDLAUTOGLASS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: C & L AUTO GLASS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

630 DARWIN RD
VENICE, FL 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

As a Florida For Profit Corporation providing auto glass repair & replacement services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHAD N. HOLLEMAN, PRESIDENT

Name and Title: LYNN HOLLEMAN, TREASURER

Address: 630 DARWIN RD
VENICE, FL 34293

Address: 630 DARWIN RD
VENICE, FL 34293

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 20 2011

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CHAD N. HOLLEMAN

Address: 630 DARWIN RD
VENICE, FL 34293

ARTICLE VII INCORPORATOR

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

Name: LYNN HOLLEMAN

Address: 630 DARWIN RD
VENICE, FL 34293

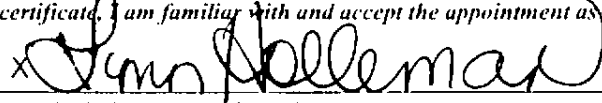
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/06/2024, (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

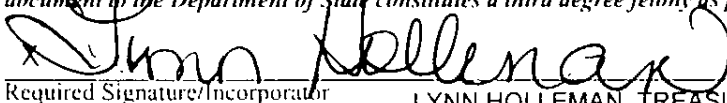
X 

Required Signature/Registered Agent LYNN HOLLEMAN, TREASURER

3/06/2024

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.

X 

Required Signature/Incorporator LYNN HOLLEMAN, TREASURER

Date

3/06/2024

SECRETARY OF STATE
FLORIDA

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