

P24000043682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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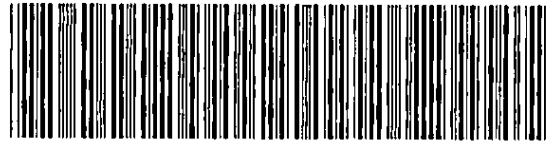
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: 1019 West Romana Project 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Kenneth Webster
Name (Printed or typed)
6149 Jason Trail
Address
Tallahassee FL 32317
City, State & Zip
504 722 8622
Daytime Telephone number
ContractorsInc@aol.com
E-mail address: (to be used for future annual report notification)

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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: 1019 West Romana Project Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1019 W. ROMANA ST.
PENSACOLA FL 32301

6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEN WEBSTER (D)

Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

Name and Title: TERRANCE ROSS (D)
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

Name and Title: ADRIENE WEBSTER (D)

Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

Name and Title: EDDIE DEAN (D)

Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

Name and Title: DAVETTA WALKER (D)

Address: 6149 JASON TRAIL
TALLAHASSEE FL

Name and Title: _____

Address: _____

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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: Ken Webster
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

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

Name: Ken Webster
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/23/24. (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:

Ken Webster
Required Signature/Registered Agent

6/28/24
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.

Ken Webster
Required Signature/Incorporator

6/28/24
Date

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