

P240000 62930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

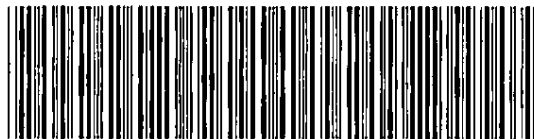
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200437466902

10/02/24--01040--002 **70.00

COVER LETTER

ATX1

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

SUBJECT: PAVEMENT REPAIR & SUPPLIES 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: PHYLLIS OSTERCHRIST

Name (Printed or typed)

1334 N ROCKWOOD PT

Address

HERNANDO, FL 34442

City, State & Zip

719-271-9695

Daytime Telephone number

PLOCPA@GMAIL.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 NAMEThe name of the corporation shall be. PAVEMENT REPAIR & SUPPLIES INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

1334 N ROCKWOOD POINTHERNANDO, FL 34442**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: DISTRIBUTOR OF COLD PATCH ASPHALT**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ERIC P OSTERCHRIST, PRES & SECName and Title: PHYLLIS L OSTERCHRIST, VP & TRE,Address: 1334 N ROCKWOOD PTAddress: 1334 N ROCKWOOD PTHERNANDO, FL 34442HERNANDO, FL 34442

Name and Title. _____

Name and Title: _____

Address: _____

Address _____

Name and Title: _____

Name and Title. _____

Address: _____

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: ERIC P OSTERCHRIST
Address: 1334 N ROCKWOOD PT
HERNANDO, FL 34442

ARTICLE VII INCORPORATOR

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

Name: PHYLLIS OSTERCHRIST
Address: 1334 N ROCKWOOD PT
HERNANDO, FL 34442

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, 10/1/2023 . (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
9/14/2024
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
9/14/2024
Date