

P240000063672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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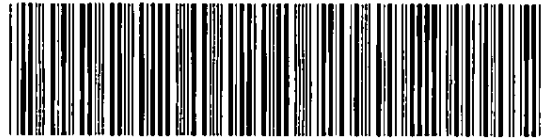
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP 17 PM 1:13

STORE INVENTORY  
TALLAHASSEE, FL

2023 SEP 17 PM 1:13

411.000

## COVER LETTER

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

**SUBJECT:** ADAM MICHAEL RUNION 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:** ADAM MICHAEL RUNION  
Name (Printed or typed)

3940 S HABERLAND BLVD  
Address

NORTH PORT, FL 34288  
City, State & Zip

540-816-0095  
Daytime Telephone number

MVRUNION@LIBERTY.EDU  
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: ADAM MICHAEL RUNION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3940 S HABERLAND BLVD  
NORTH PORT, FL 34288

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

As a Florida For Profit Corporation providing handyman and construction related services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ADAM MICHAEL RUNION, PRESIDENT

Address: 3940 S HABERLAND BLVD  
NORTH PORT, FL 34288

Name and Title: MORGAN RUNION, TREASURER

Address: 3940 S HABERLAND BLVD  
NORTH PORT, FL 34288

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: ADAM MICHAEL RUNION

Address: 3940 S HABERLAND BLVD  
NORTH PORT, FL 34288

**ARTICLE VII INCORPORATOR**

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

Name: ADAM MICHAEL RUNION

Address: 3940 S HABERLAND BLVD  
NORTH PORT, FL 34288

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/06/2024 (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 ADAM MICHAEL RUNION, PRESIDENT

9/06/2024

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 ADAM MICHAEL RUNION, PRESIDENT

9/06/2024

Date