

P98000097590

TRANSMITTAL LETTER

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

800002688448--8
-11/16/98--01107--011
*****78.75 *****78.75

SUBJECT: B & B Builders of Orlando Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Charles W. BUFFARD
Name (Printed or typed)

2090 Arbor Way St.
Address

Apopka FL. 32703
City, State & Zip

407 491 4696 Mobile
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV 16 PM 3:18

FILED

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

50
11/19

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: B & B Builders of Orlando Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2090 Arbor Way St.
Apopka, Fl. 32703

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Claude C. Barthol
10200 Northglenn Dr.
Clermont, Fl. 34711

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Charles W. Buffard
2090 Arbor Way St.
Apopka, Fl. 32703


Signature/Incorporator

11/2/98
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

11/2/98
Date

FILED
98 NOV 16 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA