

P22000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

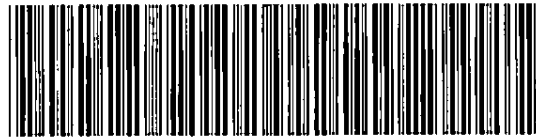
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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2022 JAN 12 11:11:50

2022 JAN 12 AM 11:03

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JAN 12 2022

COVER LETTER

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

SUBJECT: Build Co. 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: Sebastian manuele / Robert Hutton
Name (Printed or typed)

7083 grenville rd
Address

Tallahassee / FL / 32309
City, State & Zip

850-508-8421 / 850-508-0938
Daytime Telephone number

Sebastianmanuele@yahoo.com
E-mail address: (to be used for future annual report notification)

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

2022 JAN 12 AM 11:30

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: Build Co. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7083 greenville rd
Tallahassee, FL 32309

Mailing address, if different is:
7083 greenville rd
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All purpose business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sebastian manuele P
Address: 7083 greenville rd
Tallahassee FL 32309

Name and Title: Robert Hutton VP
Address: 7083 greenville rd
Tallahassee FL 32309

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

2022 JAN 12 AM 11:30

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: Sebastian manuele
Address: 7083 glenville rd
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sebastian manuele
Address: 7083 glenville rd
Tallahassee, FL 32309

2022 JAN 12 5:11:00

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-12-22 (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

[Signature]
Required Signature/Registered Agent

1-12-22
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.

[Signature]
Required Signature/Incorporator

1-12-22
Date