

P11 000697101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

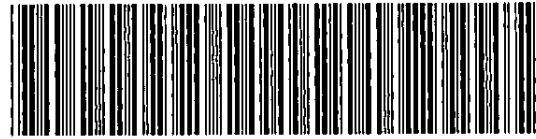
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
11 NOV -9 AM 11:37
DEPT. TREASURY & STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 NOV -9 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Equity Builders and Home Improvement 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: Andray Herron
Name (Printed or typed)

3433 Mahoney Dr
Address

Tall FL 32309
City, State & Zip

850-591-4321
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 NOV -9 AM 11:40
FILED

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: Equity Builders and Home Improvement Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3357 Garber Dr. #4 Tallahassee FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Improvement and Construction, and Sales.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andray Herron Name and Title:
Address: 3433 Mahoney Dr Tall, FL 32309 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: Andray Herron Address: 3433 Mahoney Dr Tall, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andray Herron Address: 3433 Mahoney Dr Tall FL 32309

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

11/9/11 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

11/9/11 Date

FILED 11 NOV -9 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA