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(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAR 11 PM 2:17

MAR 2016

S. GILBERT

COVER LETTER

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

SUBJECT: JC's Home Improvment 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: Juan Carlos Saldarriaga
Name (Printed or typed)

1393 Sailboat Circle
Address

Wellington, Florida 33414
City, State & Zip

561-797-0382
Daytime Telephone number

juaco0420@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)

16 MAR 11 PM 2:17

ARTICLE I NAME
The name of the corporation shall be: JC's Home Improvement Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1393 Sailboat Circle

Wellington, FLorida 33414

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The purpose of this corporation is to provide the highest level of service to all or any home owners, small businesses in all areas of improvements.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Saldarriaga
Address: 1393 Sailboat Circle, Wellington, FLorida 33414

Name and Title: Luz Patricia Saldarriaga
Address: 1393 Sailboat Circle, Wellington, FLorida 33414

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: Juan Carlos Saldarriaga

Address: 1393 Sailboat Circle

Wellington, Florida 33414

ARTICLE VII INCORPORATOR

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

Name: Juan Carlos Saldarriaga

Address: 1393 Sailboat Circle

Wellington, Florida 33414

ARTICLE VIII EFFECTIVE DATE: March 01, 2016

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Juan Saldarriaga & J Saldarriaga — 3-7-16

Required Signature/Registered Agent — 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.

Juan Saldarriaga — 3-7-16.

Required Signature/Incorporator — Date

J Saldarriaga 3-7-16