

P 1600000 25206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

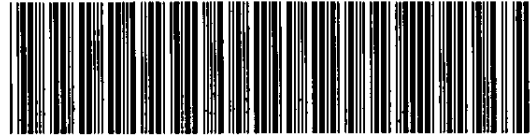
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/16--01026--006 **78.75

MAR 2 2016

S. GILBERT

16 MAR 11 PM 2:17
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COVER LETTER

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

SUBJECT: JC's 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: 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)

ARTICLE I NAME

JC's Home Improvement Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

1393 Sailboat Circle

Wellington, FLorida 33414

ARTICLE III PURPOSE

The purpose of this corporation is

The purpose for which the corporation is organized is: _____

to provide the highest level of service to all or any home owners, small businesses in all areas of improvements.

ARTICLE IV SHARES

1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Saldarriaga

Name and Title: Luz Patricia Saldarriaga

Address 1393 Sailboat Circle

Address: 1393 Sailboat Circle

Wellington, FLorida 33414

Wellington, FLorida 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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 _____

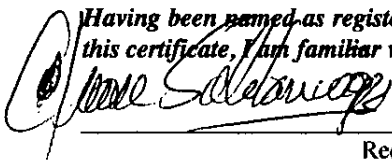
ARTICLE VIII EFFECTIVE DATE: March 01, 2016

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.)

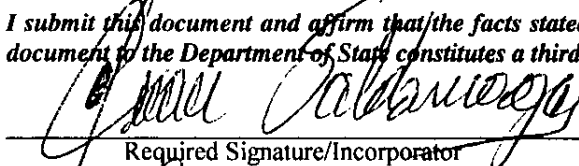
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____
Required Signature/Registered Agent

3-7-16
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

3-7-16.
Date



3-7-16