

PN 000078040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

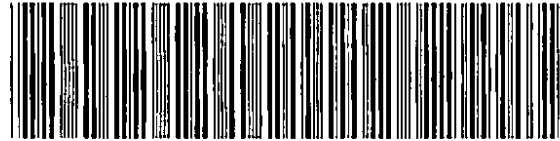
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/17--01005--004 ♦♦70.00

FILED
2017 SEP 28 14:09
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK

COVER LETTER

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

SUBJECT: Equity Builders and Home Improvement
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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

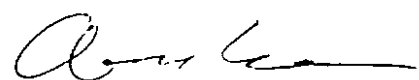
allcustomers@gmail.com
E-mail address: (to be used for future annual report notification)

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

To Whom it may concern

I, Arday Horron, will not
re activate Equity builders and
Home Improvement, INC, a corporation
Re doc # P11000097101

Thank you



Arday Horron

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
5086 Woodlane Cir
Tall FL 32303

Mailing address, if different is:
3433 Mahoney Dr
Tall FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential Construction

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Name and Title: ~~Chris Herron~~ Name and Title: _____
Address: _____ Address: _____

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

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2017 SEP 28 11:11 AM
CLERK OF COURT
JACKSONVILLE, FL

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: 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

ARTICLE VIII EFFECTIVE DATE:

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 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

9/28/17
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

9/28/17
Date