

PI8000078267

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

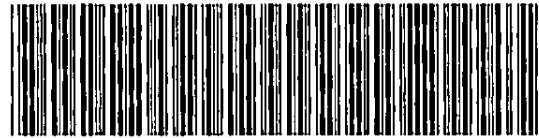
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

SEP 18 2018



400318414774

09/17/18--01025--026 \*\*70.00

18 SEP 17 PM 12:41  
FILING OFFICE

## COVER LETTER

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

**SUBJECT:** AMERICAN PRIDE HOME IMPROVEMENTS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** AMERICAN PRIDE HOME IMPROVEMENTS INC.

\_\_\_\_\_  
Name (Printed or typed)

929 Quinn Street

\_\_\_\_\_  
Address

Palm Bay, FL 32909

\_\_\_\_\_  
City, State & Zip

321-446-9662

\_\_\_\_\_  
Daytime Telephone number

sciaudonemichael59@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**

The name of the corporation shall be: American Pride Home Improvements, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

929 Quinn St.

Palm Bay, FL 32909

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Lawful Purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Sciaudone, President

Name and Title: \_\_\_\_\_

Address 929 Quinn Street

Address: \_\_\_\_\_

Palm Bay, FL 32909

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

10 SEP 17 PM 12:41  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR THE 17TH JUDICIAL CIRCUIT  
PALM BEACH COUNTY, FLORIDA

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: Michael Sciaudone \_\_\_\_\_

Address: 929 Quinn St \_\_\_\_\_

Palm Bay, FL 32909 \_\_\_\_\_

18 SEP 17 PM 12:41  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Sciaudone \_\_\_\_\_

Address: 929 Quinn St. \_\_\_\_\_

Palm Bay, FL 32909 \_\_\_\_\_

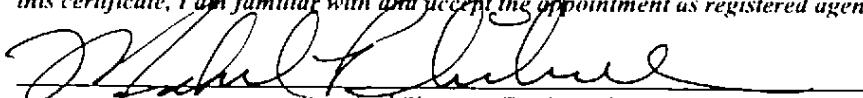
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

09/11/2018  
\_\_\_\_\_  
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

09/11/2018  
\_\_\_\_\_  
Date

## Michael Sciaudone

1136 Wing Road, SW  
Palm Bay, FL 32908  
321-446-9662  
Sciaudonemichael59@gmail.com

September 11, 2018

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document Number P14000078336  
American Pride Home Improvements Inc.

Dear Sir or Madam:

The above referenced corporation has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Sciaudone", with a large, stylized flourish at the end.

Michael Sciaudone

18 SEP 17 PM 12:41  
DIVISION OF CORPORATIONS