

P170000031247

(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



300296946403

03/27/17--01032--011 **78.75

OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA

17 APR -6 PM 4:03

net 4/17/17

COVER LETTER

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

SUBJECT: My Home Improvement Florida, 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: Julie Brite
Name (Printed or typed)
5110 Wedge Ct. E.
Address
Bradenton, FL 34203
City, State & Zip
941-301-9623
Daytime Telephone number
MHIJulie@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2017

JULIE BRITE
5110 WEDGE CT. E.
BRADENTON, FL 34203

SUBJECT: MY HOME IMPROVEMENT, INC.
Ref. Number: W17000026517

We have received your document for MY HOME IMPROVEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 817A00005902

17 APR -6 PM 2:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: My Home Improvement Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6222 Tower Lane, Unit A4

Sarasota, FL 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide marketing and promotional services.

ARTICLE IV SHARES

The number of shares of stock is: 20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David W. Wolfe, Co-President

Name and Title: Stephen G. Brite, Co-President

Address: 5122 Wedge Ct. E.
Bradenton, FL 34203

Address: 5110 Wedge Ct. E.
Bradenton, FL 34203

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 APR -6 PM 4:10
OFFICE OF STATE
CLERK
TALLAHASSEE, 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: Julie A. Brite
Address: 5110 Wedge Ct. E.
Bradenton, FL 34203

ARTICLE VII INCORPORATOR

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

Name: Julie A. Brite
Address: 5110 Wedge Ct. E.
Bradenton, FL 34203

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

Julie A. Brite
Required Signature/Registered Agent

4/3/2017
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.

Julie A. Brite
Required Signature/Incorporator

4/3/2017
Date

17 APR -6 PM 4:10
OFFICE OF STATE
TALLAHASSEE, FLORIDA