

P03000140276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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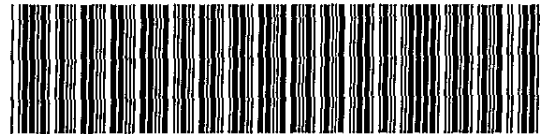
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: W.O. 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: W.O. Home Improvement, Inc.
Name (Printed or typed) Wladyslaw Ozimek
21 Butternut Dr.
Address
Palm Coast FL 32137
City, State & Zip
386 446-7531
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
FOR**

W.O. HOME IMPROVEMENT, INC.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: _____

W.O. HOME IMPROVEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: _____

PLACE OF BUSINESS: _____

21 BUTTERNUT DR.
PALM COAST, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES,
THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV SHARES

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF
COMMON STOCK HAVING A \$1.00 PAR VALUE.

ARTICLE V INITIAL DIRECTORS (optional)

The name(s), address(es) and title(s):

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE
CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME
DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

ARTICLE VI INITIAL OFFICERS (optional)

The name(s), address(es) and title(s):

WLADYSLAW OZIMEK
PRESIDENT
21 BUTTERNUT DR.
PALM COAST, FL 32137

BARBARA OZIMEK
VICE-PRESIDENT
21 BUTTERNUT DR..
PALM COAST, FL 32137

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TALLAHASSEE, FLORIDA

ARTICLE VII REGISTERED AGENT

The name and Florida street address of the registered agent is:

WLADYSLAW OZIMEK
PRESIDENT
21 BUTTERNUT DR.
PALM COAST, FL 32137

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

WLADYSLAW OZIMEK
PRESIDENT
21 BUTTERNUT DR.
PALM COAST, FL 32137

ARTICLE XI TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE X PREEMPTIVE RIGHTS

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 13 DAY OF Nov, 2003.


WLADYSLAW OZIMEK

STATE OF FLORIDA
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED WLADYSLAW OZIMEK, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 13 DAY OF Nov, 2003, IN PALM COAST, COUNTY AND STATE AFORESAID.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

W.O. HOME IMPROVEMENT, INC.- 2 - 11/11/2003



Joanna Realey
My Commission DD167490
Expires January 24, 2007

ARTICLE VII REGISTERED AGENT

The name and Florida street address of the registered agent is:

WLADYSLAW OZIMEK

PRESIDENT

21 BUTTERNUT DR.

PALM COAST, FL 32137

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE
ARTICLES OF INCORPORATION ON THIS 13 DAY OF Nov.
2003.


WLADYSLAW OZIMEK

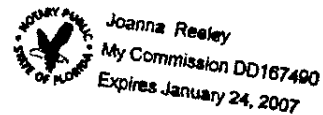
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COUNTY FLAGLER

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NOTARY PUBLIC

MY COMMISSION EXPIRES:



REGISTERED AGENT ACCEPTANCE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE W.S. O'Neil
TITLE PRESIDENT
DATE 11.13.03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA