

P00009079793
TRANSMITTAL LETTER

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

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-08/17/00--01032--006
*****70.00 *****70.00

SUBJECT: LOOSE ENDZ INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: BARBARA H. DEXTER
Name (Printed or typed)

6624 CRISTINA MARIE DR
Address

ORLANDO, FL 32835
City, State & Zip

407-445-3965
Daytime Telephone number

FILED
00 AUG 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8-23
WC

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:

LOOSE ENDZ INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PMB # 265 2457 A SOUTH
HIAWASSEE RD
ORLANDO, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MISC. HOME REPAIRS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

N/A

ARTICLE VI REGISTERED AGENT

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


BARBARA H. DEXTER
6624 Cristina Marie Dr
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara H. Dexter
6624 Cristina Marie Dr
Orlando, FL 32835

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/Registered Agent

8/15/2000
Date


Signature/Incorporator

8/15/2000
Date

FILED
00 AUG 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399