

PO0000098228

TRANSMITTAL LETTER

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

200003427982--5
-10/18/00-01007-001
*****87.50 *****87.50

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

AUTHENTIC REMODELING & RENOVATIONS, INC.

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:

DEBRA AUTH

Name (Printed or typed)

2049 ONECCO CT

Address

CLERMONT, FL 34711

City, State & Zip

352-242-5178

Daytime Telephone number

Debra GAVE
AUTHORIZATION BY PHONE TO
CORRECT art IV
DATE 10/18
DOC. EXAM. Bc

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 OCT 17 PM 1:50

FILED

W00 - 25171

T BROWN OCT 18 2000

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:

AUTHENTIC REMODELING & RENOVATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2049 ONECCO COURT
CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOME REMODELING

INCLUDING BUT NOT LIMITED TO FLOOR COVERING, PAINTING, ROOFING. THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

DEBRA AUTH
2049 ONECCO CT
CLERMONT, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEBRA AUTH
2049 ONECCO CT.
CLERMONT, FL 34711

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

Debra Auth
DEBRA AUTH

Date 10-16-00

Signature/Incorporator

Debra Auth
DEBRA AUTH

Date 10-16-00

FILED
00 OCT 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA