

PO20001209S3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

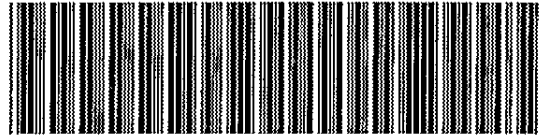
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

me 11/11

## TRANSMITTAL LETTER

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

**SUBJECT:** A Cut Above Carpet Service, 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:** Donald Brown  
Name (Printed or typed)

6203 Kennerly Road  
Address

Jacksonville Fl 32216  
City, State & Zip

904-739-0904  
Daytime Telephone number

**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:

A Cut Above Carpet Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6203 Kennerly Road  
Jax Fl 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Carpet Instalation

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Donald Brown, 6203 Kennerly Road, Jax Fl 32216, President.

**ARTICLE VI REGISTERED AGENT**

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

Donald Brown, 6203 Kennerly Road Jax Fl 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Donald Brown, 6203 Kennerly Road, Jax Fl 32216

\*\*\*\*\*  
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

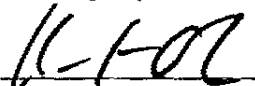


Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Date



Date