

PD3000018510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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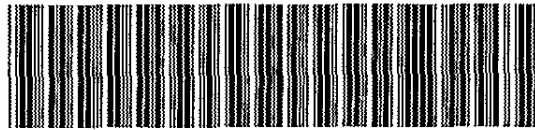
(Business Entity Name)

(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: CDS Homes, 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: Chris Sweeney
Name (Printed or typed)

1454 Bay Harbor Dr. #202

Address

Palm Harbor, FL 34685

City, State & Zip

727-656-9200

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:

CDS Homes, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1454 Bay Harbor Dr. #202
Palm Harbor, FL 34685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential Contractor

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Chris Sweeney, President
Zsafia Sweeney, Secretary

ARTICLE VI REGISTERED AGENT

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

Chris Sweeney
1454 Bay Harbor Dr. #202 Palm Harbor, FL 34685

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris Sweeney
1454 Bay Harbor Dr. #202 Palm Harbor, FL 34685

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

2/4/03

Date

2/4/03

Date