

P03000100305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

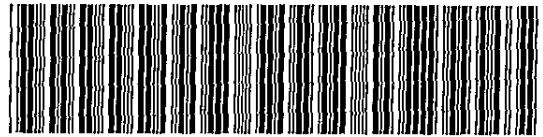
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

pm 9/15

TRANSMITTAL LETTER

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

SUBJECT: Roots Home Repair, 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: Roots Home Repair, Inc.
Name (Printed or typed)

2445 N. Courtenay Pkwy.
Address

Merritt Island FL 32953
City, State & Zip

321-432-9800
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:

Roots Home Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2445 N. Courtenay Pkwy.
Merritt Island, FL 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Richard Roots - President

ARTICLE VI REGISTERED AGENT

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

Richard Roots
205 Palmetto Ave. #508
Merritt Island, FL 32953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Richard Roots
205 Palmetto Ave. #508
Merritt Island, FL 32953

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

9-03-03

Date

9-03-03

Date