## P03000120471

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OIVISION TO CORPORATIONS

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## TRANSMITTAL LETTER

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

SUBJECT:	Babby Kr	E NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Robert H. Name	Printed or typed)	
	4416 Wig	lgeon way	
	Tollahassec City,	71, 323 State & Zip	03
	562 3 Daytime To	433 559 Elephone number	1287

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

## ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4416 Widgeon Way Tallahassee FI 32303 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Homemalatines Trim corportry Remodels ARTICLE IV The number of shares of stock is: 100000 1,00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Director Robert H.) Grell REGISTERED AGENT The name and Florida street address of the registered agent is: Robert H Krell 4416Widgeon WAY TAllahassee Fl 32303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Robert H Krell 4416 Widgeon WAY TALLA HASSEE F1. 32303 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

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Bobby Krell Co.