

P03000123912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

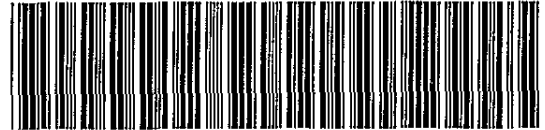
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Skip Smith GAVE
AUTHORIZATION BY PHONE TO
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DATE 11-3
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10/23/03--01047--008 **78.75

FILED
03 OCT 23 AM 3:23
STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Skip Smith Home Repair Corp.
(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: Skip Smith
Name (Printed or typed)

585 Boxthorn Ave. N.W.
Address

Palm Bay, FL 32907
City, State & Zip

321-676-2405 Cell # 321-917-2546
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:

Skip Smith Home Repair Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

585 Boxthorn Ave. N.W.
PaLM bAY, fl. 32907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Repair

ARTICLE IV SHARES

The number of shares of stock is:

1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Skip Smith
585 Boxthorn Ave. N.W.
Palm Bay, FL. 32907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Skip Smith
585 Boxthorn Ave. N.W.
Palm Bay, FL 32907

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

Skip Smith
Signature/Registered Agent

10/21/03
Date

Skip Smith
Signature/Incorporator

10/21/03
Date

FILED

03 OCT 23 AM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA