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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

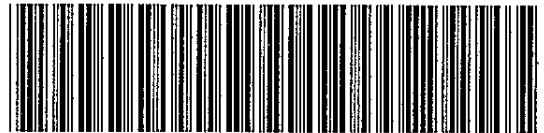
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 OCT 27 PM 5:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Art's Cabinets & Custom Woodworking 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: Art's Cabinets & Custom Woodworking Inc.  
Name (Printed or typed)

6340 South Tex Point  
Address

HOMOSASSA, Florida 34448  
City, State & Zip

(352) 628-4066  
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)

FILED

03 OCT 27 PM 5:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Art's Cabinets & Custom Woodworking Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6340 S. Tex Point  
Homosassa, FL 34448

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Wood Product Manufacturing

**ARTICLE IV SHARES**

The number of shares of stock is:

10 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

|                   |           |
|-------------------|-----------|
| Homer A Davis III | President |
| Homer A Davis III | VP        |
| Homer A Davis III | Secretary |
| Homer A Davis III | Treasurer |

**ARTICLE VI REGISTERED AGENT**

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

Margaret E Davis  
6950 W. Macopin Lane  
Crystal River, FL 34429

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Homer A Davis III  
6950 W. Macopin Lane  
Crystal River, FL 34429

\*\*\*\*\*

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

Margaret E. Davis  
Signature/Registered Agent Margaret E Davis

10/23/03

Date

Homer A Davis III  
Signature/Incorporator

10/23/03

Date

Homer A Davis III