

P03000126286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

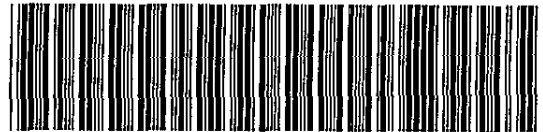
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/3/03

## TRANSMITTAL LETTER

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

SUBJECT: Carpnetry Interior Trim  
(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: Chad Johnson  
Name (Printed or typed)

10200 Belle Rive Blvd 204  
Address

Jacksonville, FL 32256  
City, State & Zip

843-304-2114  
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:

Chad Johnson, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10200 Belle Rive Blvd Ste 204, Jacksonville, fl 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Carpentry Interior trim

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

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

Chad Johnson - 10200 Belle Rive Blvd Ste 204, Jacksonville, fl 32256  
President

**ARTICLE VI REGISTERED AGENT**

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

ChAD Johnson - 10200 Belle Rive Blvd Ste 204, Jax Fl 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

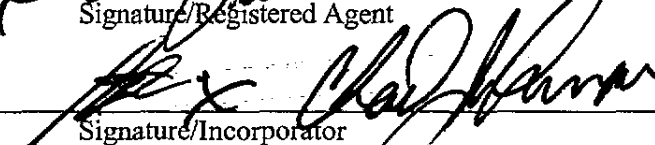
Chad Johnson - 10200 Belle Rive Blvd ste 204, Jax Fl 32256

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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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date