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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

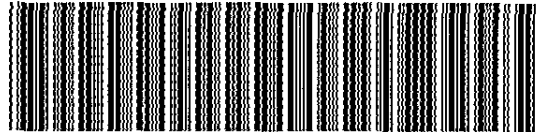
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100024406901

11/05/03--01050--004 \*\*78.75

**EFFECTIVE DATE**  
11-01-04

FILED  
03 NOV -5 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

gill

**TRANSMITTAL LETTER**

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

**SUBJECT:** STAMEN, INC.

Enclosed is original and one (1) copy of the articles of incorporation and a check for  
\$78.75 Filing Fee & Certificate

**EFFECTIVE DATE**  
01-01-04

**FROM:** STAMEN ALEXIEV

Name (Printed or typed)

3149 PORT CHARLOTTE BLVD.

Address

PORT CHARLOTTE, FL. 33952

City, State & Zip

941-456-8790

Daytime Telephone Number

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

**ARTICLES OF INCORPORATION  
OF  
STAMEN, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

03 NOV -5 PM 4:24

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

STAMEN, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

3149 PORT CHARLOTTE BLVD.  
PORT CHARLOTTE, FL. 33952

EFFECTIVE 01-01-0

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agents is (are):

STAMEN ALEXIEV  
3149 PORT CHARLOTTE BLVD.  
PORT CHARLOTTE, FL 33952

**ARTICLE V INCORPORATOR**

The name(s) and street address of the incorporator(s) to these Articles of Incorporation is (are):

STAMEN ALEXIEV  
3149 PORT CHARLOTTE BLVD.  
PORT CHARLOTTE, FL. 33952

**ARTICLE VI EXISTENCE**

This corporation shall commence its existence upon filing of these Articles of Incorporation and shall exist perpetually. The effective date for this corporation shall be: **01/01/2004**

**ARTICLE VII PURPOSE**

This corporation is organized for the purpose of engaging in Home Improvement, and for the purpose of transacting any and all lawful business for which corporations maybe incorporated under the Florida General Corporation Act.

**ARTICLE VIII POWERS**

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

**ARTICLE IX INDEMNIFICATION**

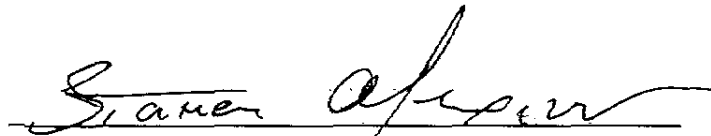
This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

**ARTICLE X AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in these articles of incorporation, or any amendment to them, and any right conferred upon the shareholder(s) is subject to revision.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

03 Day of NOVEMBER, 2003



Stamen Alexiev

**CETIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. The name of the corporation is STAMEN, INC.

2. The name and address of the registered agent and office is:

STAMEN ALEXIEV

(Name)

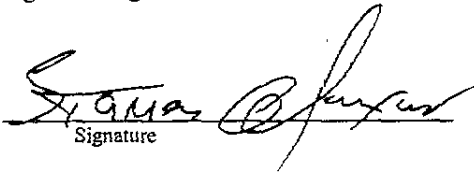
3149 PORT CHARLOTTE BLVD.

(P.O.Box or Mail Drop Box NOT Acceptable)

PORT CHARLOTTE, FL. 33952

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature

03/11/2003  
Date

03 NOV 15 PM 4: 24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA