

P03000/31145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

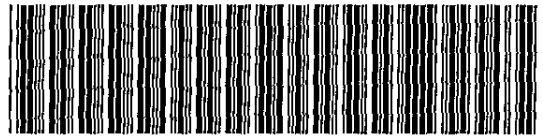
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: RA TEXTURE AND DRYWALL REPAIR 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
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: Roy Howard

Name (Printed or typed)

204 Osage Drive

Address

Indian Harbour Beach

City, State & Zip

321-777-6253

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:

R H TEXTURE AND DRYWALL REPAIR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

204 OSAGE DRIVE

INDIAN HARBOUR BEACH FL. 32937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall Textures and repair

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roy H. Howard President

204 Osage Drive

Indian Harbour Beach FL. 32937

ARTICLE VI REGISTERED AGENT

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

Roy Howard

204 Osage Drive

Indian Harbour Beach FL. 32937

ARTICLE VII INCORPORATOR

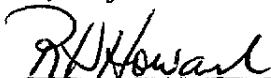
The name and address of the Incorporator is:

R H TEXTURE AND DRYWALL REPAIR INC.

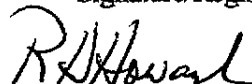
204 Osage Drive

Indian Harbour Beach Fl. 32937

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



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/4/03

Date

11/4/03

Date