

P03000135773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

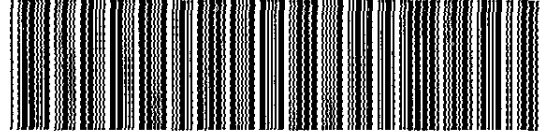
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

[Handwritten signature]

TRANSMITTAL LETTER

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

SUBJECT: Mike Holt " At Your Service", 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: Michael D. Holt
Name (Printed or typed)

161 13th Avenue
Address

Longwood, Florida 32750
City, State & Zip

407-461-4865
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:

Mike Holt " At Your Service", Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

161 13th Avenue
Longwood, FL. 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpentry, Remodeling, Home Repair

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael D. Holt, President
Pamela P. Holt, Vice President

ARTICLE VI REGISTERED AGENT

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

Michael D. Holt
161 13th Avenue
Longwood, FL. 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael D. Holt
161 13th Avenue
Longwood, FL. 32750

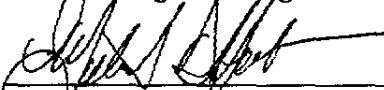
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11 09 03

Date



Signature/Incorporator

11 09 03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA