

P03000143175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

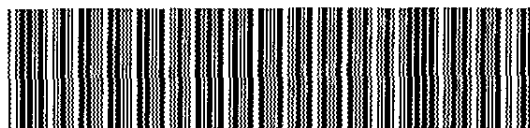
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MR  
12/3/03

## ***R.M. LeRoux Consulting***

Bookkeeping \* Income Tax \* Personal \* Partnership \* Corporate \* Non-Profit

507 - D Herbert Street, Port Orange, FL 32129-3845

Email: rleroux@outdrs.net \* Phone: 386 788-7264 \* Fax: 386 788-1958 \* Toll Free: 866 247-5071

November 18, 2003

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

Please file the enclosed Articles Of Incorporation for Chamberlain Maint. & Repair, Inc.

☒ Florida Corporate Filing Fee \$70.00

☒ Certified Copy Of Documents \$8.75

Check 4188 in the amount of 78.75 is enclosed with the Articles Of Incorporation.

Thank You,



R.M. Leroux,  
Accountant

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S.

**ARTICLE I NAME**

The name of the Corporation shall be:  
Chamberlain Maint. & Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and the mailing address is:  
145 Ellison Avenue  
New Smyrna Beach, FL 32168

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To conduct any business that is legal and lawful under the laws of the State of Florida and The United States of America.

**ARTICLE IV SHARES**

The number of shares of stock is:  
100 @ No Par Value

**ARTICLE V REGISTERED AGENT**

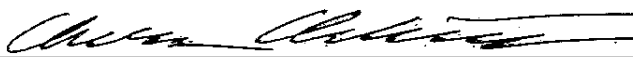
The name and street address of the registered agent is:  
Charles A. Chamberlain  
145 Ellison Avenue  
New Smyrna Beach, FL 32168

**ARTICLE VI INCORPORATOR**

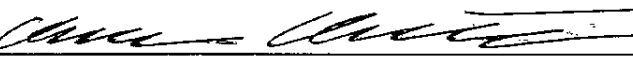
The name and address of the incorporator is:  
Charles A. Chamberlain  
145 Ellison Avenue  
New Smyrna Beach, FL 32168

\*\*\*\*\*

Having been named as a 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

11/15/03  
Date

  
Signature/Incorporator

11/15/03  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA