(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ PICK-UP ☐ WAIT ☐ MAIL			
• 🔍			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Chesial Instructions to Filing Officer			
Special Instructions to Filing Officer:			

Office Use Only



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01/21/04--01073--008 **20.00

01/21/44--01073--007 **50.00

DIVISION OF CORPORATION 04 JAN 21 PH 2: 13

04 JAN 21 PM 2:27

TRANSMITTAL LETTER

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

SUBJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

→

Name (Printed or typed)

3424 012

Agostine. Lot

Tallahassee.

32311

(850)

500-0090

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)	FILED
	ARTICLE I NAME	
		04 JAN 21 PM 2: 27
	The name of the corporation shall be: Carpentry lac.	CECRETARY OF STATE TALLAHASSEE, FLORIDA
		TALLAHASSEE, FLORIDA
	ARTICLE II PRINCIPAL OFFICE	
	The principal place of business/mailing address is:	en e
	P.O. Box 15 Green sboro	
	Fla 32330	· · · · · · · · · · · · · · · · · · ·
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	
	ARTICLE IV SHARES	
	The number of shares of stock is:	
	50	, to the same
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
	The name(s) address(es) and title(s):	•
	Damen Topinore	yel an mananan mananan kalendaria. His
	P. Omer Espiroze 3424 old Sn. Hagostine Lot 60	
	3424 012 01.	
	Talla haoseetle 32311	-
	ARTICLE VI REGISTERED AGENT	
	The name and Florida street address of the registered agent is:	
	Osmar Espinoza	original de la composition de la composition della composition d
	3424 OHSA Agostine Lot 60	
	Tallahassee. Flc. 32311	· · · · · · · · · · · · · · · · · · ·
	ARTICLE VII INCORPORATOR	
	The name and address of the Incorporator is:	
	Oma tspingre	
	3424 OH Sn Agostine Lot 60	
	77/1a ha sscc + 1a. 323/1 ************************************	********
	Having been named as registered agent to accept service of process for the above stated corpore	ation at the place designated in thi
	certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity
1		
	Signature/Registered Agent D	ate - 61-04
_	- Signature Togares V	ELLO TOTAL SERVICE AND ALLER SERVICES TOTAL SERVICES
	mul T. T. Smin	21-041
	Signature/Incorporator	Date
	Original - research assess A	