

P04000014498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

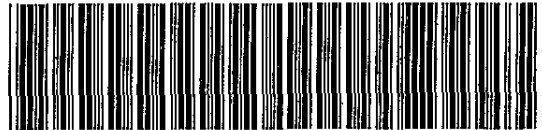
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

FRED'S TIM CARPENTRY 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: \_\_\_\_\_

FRED OSTRANDER  
Name (Printed or typed)

10293 SLEEPY BROOK WAY  
Address

BOCA RATON, FL. 33428  
City, State & Zip

954-242-0403  
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:

FRED'S TRIM CARPENTRY INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10293 Sleepy Brook Way  
BOCA RATON, FL. 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Work in State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

FRED OSTRANDER, PRESIDENT  
10293 SLEEPY BROOK WAY  
BOCA RATON, FL. 33428

**ARTICLE VI REGISTERED AGENT**

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

FRED OSTRANDER  
10293 Sleepy Brook Way  
BOCA RATON, FL. 33428


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

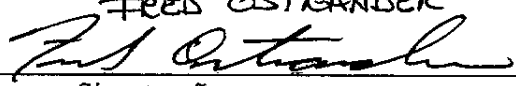
FRED OSTRANDER  
10293 Sleepy Brook Way  
BOCA RATON, FL. 33428

\*\*\*\*\*

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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

FRED OSTRANDER

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04 JAN 13 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA