P04000019890

(Rec	questor's Name)	
(no.	_	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bus	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
		
Special Instructions to F	iling Officer:	
Noc	op7/.B.	
Office Use Only		



600027250796

01/21/04--01078--001 **78.75

SECRETARY OF STATE

01-30,04 01-30,8.

TRANSMITTAL LETTER

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

SUBJECT: 5	\$5 Home	Repair Co	> ,	
SUBJECT: 5 \$ Home Repair CO. (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	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM: Terrenza. S. Donaldson Name (Printed or typed)				
P. O. BOY 759 Address				
	High Spring City,	F1. 3	32655	
(386) 454- 1509 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:

S & S Home Repair Co.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 1530 NW 2nd Ave PO Box 759 High Springs, FI 32655

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Flooring Installation, Minor home repairs

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):

Terrenza S. Donaldson

Simona R. Donaldson

President/Owner

PO Box 759

Vice President/Co Owner PO Box 759

High Springs, FI 32655

High Springs, Fl 32655

ARTICLE VI REGISTERED AGENT

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

Terrenza S. Donaldson 1530 NW 2nd Avenue PO Box 759 High Springs, FI 32655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Terrenza S. Donaldson 1530 NW 2nd Avenue PO Box 759 High Springs, FI 32655

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