

PO4000021511

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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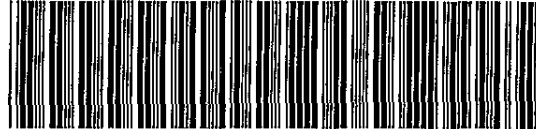
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB -2 AM 8:45

org.

TRANSMITTAL LETTER

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

SUBJECT: PERRY Stevens mobile Home setup 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: PERRY Stevens
Name (Printed or typed)

P.O. Box 906
Address

Citra, FL 32113
City, State & Zip

352-812-4401
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 29, 2004

PERRY STEVENS
P O BOX 906
CITRA, FL 32113

SUBJECT: PERRY STEVENS MOBILE HOME SETUP INC.
Ref. Number: W04000003937

We have received your document for PERRY STEVENS MOBILE HOME SETUP INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 504A00006118

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04 FEB -2 PM 5:29
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Perry Stevens mobile Home Setup Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3149 NE 168 Pl.
Citra, FL 32113

mailling
P.O. Box 906
Citra, FL 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mobile 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):

Perry Stevens
P.O. Box 906
Citra, FL 32113

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TALLAHASSEE, FLORIDA

President

ARTICLE VI REGISTERED AGENT

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

Perry Stevens

3149 NE 168 Place

Citra, FLA 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Perry Stevens mobile Home Set
3149 NE 168 Place
Citra FLA 32113

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

Perry Stevens
Signature/Registered Agent

1/17/04
Date

Perry Stevens
Signature/Incorporator

1/17/04
Date