

P04000024984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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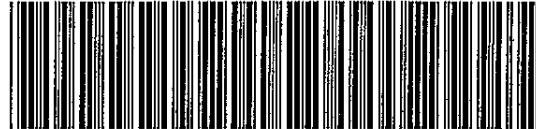
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: MARSHALL MONTGOMERY - REMODELING 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: MARSHALL MONTGOMERY  
Name (Printed or typed)

3405 ANTON CT.  
Address

NAPLES, FL 34109  
City, State & Zip

(239) 514-2424  
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:

*MARSHALL MONTGOMERY - REMODELING INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

*3405 ANTON CT  
NAPLES, FL. 34109*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*ANY LAWFUL PURPOSE*

**ARTICLE IV SHARES**

The number of shares of stock is:

*ONE (1) SHARE COMMON STOCK, NO PAR VALUE; NON-CERTIFIED FORM.*

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

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

*MARSHALL MONTGOMERY, SOLE DIRECTOR; PRESIDENT & SECRETARY  
3405 ANTON CT  
NAPLES, FL 34109*

**ARTICLE VI REGISTERED AGENT**

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

*MARSHALL MONTGOMERY  
3405 ANTON CT  
NAPLES, FL 34109*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*MARSHALL MONTGOMERY  
3405 ANTON CT  
NAPLES, FL 34109*

\*\*\*\*\*

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

*M. Montgomery*  
\_\_\_\_\_  
Signature/Registered Agent  
*MARSHALL MONTGOMERY*

*1/21/04*  
\_\_\_\_\_  
Date

*M. Montgomery*  
\_\_\_\_\_  
Signature/Incorporator  
*MARSHALL MONTGOMERY*

*1/21/04*  
\_\_\_\_\_  
Date

**FILED**  
04 JAN 30 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA