

P04000029137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

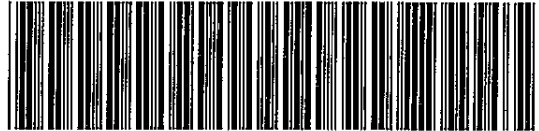
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

SUBJECT: Atlantic Standard Homes Inc.  
(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  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

Name (Printed or typed)

**LES GARDI, CPA**  
**7061 S. TAMiami TRAIL**  
**SARASOTA, FL. 34231-5559**  
**(941) 925-2099**

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
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:

Atlantic Standard Homes Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7033 Mauna Loa Blvd Sarasota FL 34241

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Contractor

## ARTICLE IV SHARES

The number of shares of stock is: 1000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

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

LES GARDI, CPA  
7061 S. TAMiami TRAIL  
SARASOTA, FL. 34231-5559  
(941) 925-2099

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

László Vaszegi  
7033 Mauna Loa Blvd Sarasota FL 34241

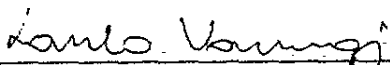
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2/2/04

Date



Signature/Incorporator

2-2-04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA