

PO4000035931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

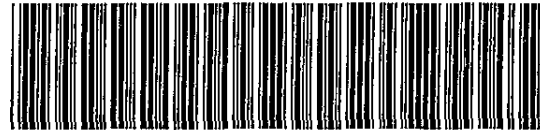
(Business Entity Name)

(Document Number)

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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: Meeler's Home Repair

(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: Meeler's Home Repair (Rebecca Meeler)

Name (Printed or typed)

P.O. Box 42

Address

Clewiston, FL 33440

City, State & Zip

863-228-9173

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:

MEELER'S HOME REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

519 E Pasasena Ave
P.O. Box 42
Clewiston, FL 33440

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be able to operates our bussiness
and because we would like to corporation

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):

Harvey Ray Meeler Jr, P.O. Box 42 Clewiston, FL 33440, President, Sec.
Rebecca Meeler P.O. Box 42 Clewiston, FL 33440, V-President, Trea.

ARTICLE VI REGISTERED AGENT

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

Rebecca Meeler, 519 E. Pasadena Ave Clewiston, FL 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rebecca Meeler
P.O. Box 42
Clewiston, FL 33440

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

Rebecca Meeler

Signature/Registered Agent

1/26/04

Date

Rebecca Meeler

Signature/Incorporator

1/26/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA