

PO4000074324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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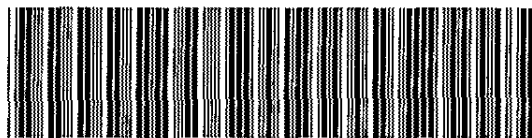
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/04 -01004--022 **87.50

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04 MAY -4 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LRK HOME REPAIRS 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: LARS R KARLSSON
Name (Printed or typed)

521 REBECCA DRIVE
Address

ST. CLOUD, FL 34769
City, State & Zip

(407) 891-1038
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:

LRK HOME REPAIRS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

521 REBECCA DRIVE
ST CLOUD, FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY
HANDY MAN SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares - \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LARS R. KARLSSON - PRESIDENT, SECRETARY & TREASURER
521 REBECCA DRIVE
ST. CLOUD, FL 34769

ARTICLE VI REGISTERED AGENT

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

X BARBARA KARLSSON
521 REBECCA DRIVE
ST. CLOUD, FLORIDA 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARS R KARLSSON
521 REBECCA DRIVE
ST CLOUD, FL 34769

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

Barbara Karlsson

Signature/Registered Agent

Lars R Karlsson

Signature/Incorporator

05/01/04

Date

05/01/04

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA