PU4000080285

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	12 11/2.	A SE WHEN SHE		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
- · ·	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee		Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	JAMES D TI	IPR			
	Name (Printed or typed)			
Z14 CAROLING AV					
Address					
	Lynn Haven	Fl 32444			
•	City,	State & Zíp			
	(850) 2	65 _ 9528 elephone number	<u></u>		
	Daytime To	elephone number			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 7, 2004

JAMES D TARR 214 CAROLINA AVE. LYNN HAVEN, FL 32444

SUBJECT: SMITH AND SON'S INC.

Ref. Number: W04000017734

We have received your document for SMITH AND SON'S INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name 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) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 904A00031840

RECEIVED

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: Smith and son's Remodeling	į
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 214 CAROLING AUC LYNN Haven F1 32444	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Transact Any or All lawful Business under the floride Business act. ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
James D TARR (President) Robert B. Smith	
214 CAROlina Lue. (Treasure) 5774 Porter Pond 7	ર્વ
Lynn Haven Fl 32949 chipley Fl. 32	17
The name and Florida street address of the registered agent is:	دم
The name and Florida street address of the registered agent is: V-Presid V-Presid Scere Lynn Hand	r/
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Robert B. Smith 5174 Porter Pond Rd. chipley Fl. 32428	_

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	
James Danidsfarr 5-13-04 F Proposition Signature/Registered Agent Date = 2	クロつつの
Pobes B 2nttl 5-13-045	7777
Signature/Registered Agent Date Signature/Incorporator Date	