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PICK-UP WAIT MAIL

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TRANSMITTAL LETTER

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

SUBJECT: DAVIDS HOME IMPROVEMENT SERVICES 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: DAVID MONACHINO
Name (Printed or typed)

5057 SE DRIFTWOOD AVE.
Address

STUART FL. 34997
City, State & Zip

772-285-6082
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:

DAVIDS HOME IMPROVMENT SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5057 SE DRIFTWOOD AVE, STUART FL,
34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE HOME IMPROVEMENT SERVICES

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):

ARTICLE VI REGISTERED AGENT

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

DAVID MONACHINO
5057 SE DRIFTWOOD AVE
STUART FL, 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID MONACHINO
5057 SE DRIFTWOOD AVE,
STUART FL, 34997

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

David Monachino

Signature/Registered Agent

6/19/04
Date

David Monachino

Signature/Incorporator

6/19/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA