

P04000117394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

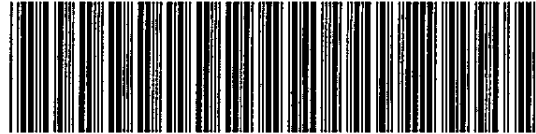
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/8/12

TRANSMITTAL LETTER

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

SUBJECT: TROY'S RESIDENTIAL 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: TROY M YARBOROUGH
Name (Printed or typed)

501 N CENTRAL AVE
Address

UMATILLA, FL 32784
City, State & Zip

352-483-5030
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:

TROY'S RESIDENTIAL REPAIRS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

501 N CENTRAL AVE
UMATILLA, FL 32784

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

residential repairs, home improvements, general ~~h~~ handyman repairs

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRESIDENT/CEO

TROY M YARBOROUGH
P O BOX 8965024

OFFICER

PETE MIZENEK
32207 6th ST

OFFICER

ROBERT D REED
P O BOX 8965024

LEESBURG, FL 34789-5024

TAVARES, FL 32788

LEESBURG, FL 34789-5024

ARTICLE VI REGISTERED AGENT

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


TROY M YARBOROUGH
16112 LEONARD ST
UMATILLA, FL 32784

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TROY M YARBOROUGH
16112 LEONARD ST
UMATILLA, FL 32784

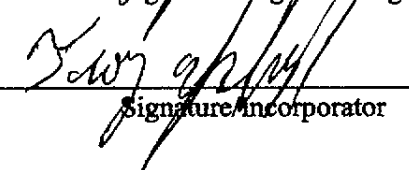
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA