

PO4000129765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800040819828

09/14/04--01084--001 **78.75

FILED
04 SEP 14 AM 7:34
SECOND FLORIDA
TALLAHASSEE, FLORIDA

TH 9/15/04

TRANSMITTAL LETTER

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

SUBJECT: Carpentry Care, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert L. BARBERA
Name (Printed or typed)

P.O. Box 28355
Address

Kenneth City, FL 33709
City, State & Zip

(727) 422-7443
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:

Carpentry Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 28355
Kenneth City, FL. 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Repair and Maintenance of Residential property.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert L. BARBERA - PRESIDENT, Secretary, Treasurer.

P.O. BOX 28355
Kenneth City, FL. 33709.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


5285 62nd ST. W. #223 Robert L. BARBERA
Kenneth City, FL. 33709.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P.O. Box 28355 Robert L. BARBERA
Kenneth City, FL. 33709.

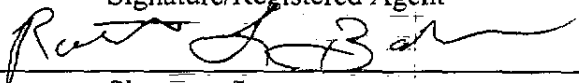
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/10/09

Date



Signature/Incorporator

9/10/09

Date

FILED

04 SEP 14 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA