

P04000139133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

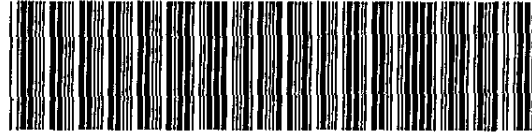
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SEP 30 2004

100-1-36621

TRANSMITTAL LETTER

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

SUBJECT: PERSONALIZED DOMESTIC REPAIR 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: PERSONALIZED DOMESTIC REPAIR  
Name (Printed or typed)

6315 2ND AVE N.  
Address

ST PETERS FLA. 33710  
City, State & Zip

(927) 515-9461  
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:

PERSONALIZED DOMESTIC REPAIR INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6315 2ND AVE N.  
ST PETE FLA. 33710.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FINISH CARPENTRY.

**ARTICLE IV SHARES**

The number of shares of stock is:

~~1000~~ 1000  
10 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

POUCHER DANIEL ROBER - PRESIDENT  
Kim PHILLIS ROBER - VICE PRESIDENT  
6315 2ND AVE N.  
ST. PETE FLA. 33710.

**ARTICLE VI REGISTERED AGENT**

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

~~PERSONALIZED DOMESTIC REPAIR INC.~~  
Kim ROBER  
6315 2ND AVE N. ST. PETE FL. 33710.

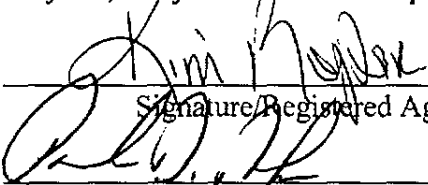
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

~~PERSONALIZED DOMESTIC REPAIR INC.~~  
POUCHER DANIEL ROBER.  
6315 2ND AVE. ST PETE FLA.  
33710.

\*\*\*\*\*

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 Kim. ROBER.

9/29/09  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator POUCHER DANIEL ROBER.

9/29/09.  
\_\_\_\_\_  
Date