

PO40000169920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

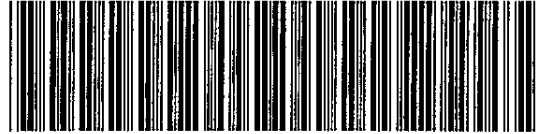
(Business Entity Name)

(Document Number)

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

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12-03-04--01006--028 \*\*78.75

CA DEC 20 PM 4:51  
STATE  
TALLAHASSEE, FLORIDA

12-11-05  
K40  
12-20

## TRANSMITTAL LETTER

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

SUBJECT: Total Package 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: James M Butler  
Name (Printed or typed)

6934 Pompeii Rd.  
Address

Orlando, FL 32822  
City, State & Zip

407-620-2011  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 10, 2004

JAMES M BUTLER  
6934 POMPEII RD  
ORLANDO, FL 32822

SUBJECT: TOTAL PACKAGE INC.  
Ref. Number: W04000045248

We have received your document for TOTAL PACKAGE INC. and your check(s) totaling \$78.75. 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.**

The document must state the number of shares of authorized stock.

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) 245-6929.

Justin M Shivers  
Document Specialist  
New Filings Section

Letter Number: 704A00069154

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Corrected

New Name

**ARTICLE I NAME**

The name of the corporation shall be:

~~Total Package Inc~~

JAMES BUTLER  
Home Improvements, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6934 Pompeii Rd  
Orlando, FL 32822

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Painting & Home remodeling

**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):

JAMES M BUTLER Pres  
Melissa Cameron Vice Pres

04 DEC 20 PM 4:51  
FALLAHS OFFICE  
STATE

**ARTICLE VI REGISTERED AGENT**

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

JAMES M BUTLER 6934 Pompeii Rd  
Melissa Cameron Orlando, FL 32822

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JAMES M BUTLER 6934 Pompeii Rd  
Orlando, FL 32822

\*\*\*\*\*  
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 M Butler  
Signature Registered Agent

12-01-04  
Date

James M Butler  
Signature/Incorporator

12-01-04  
Date