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| (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: |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: <u>S4</u> | Home Improvem | ent, Inc. | UDESUBEIX | · · | |
|--|--|--|---|----------------|--|
| | (2.1.0.1.0.5.22.0.0.11.0.11.1 | | | | |
| Enclosed are an orig | rinal and one (1) copy of the artic | cles of incorporation and | a check for: | - | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | |
| FROM: | Robert Scott Name | (Printed or typed) | , <u>.</u> | OS APR 14 | |
| | 1019 25 31166 | Address | | CORPORATION OF | |
| Orlando, FL 32805 City, State & Zip | | | | | |

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

- 4054 Daytime Telephone number

| | AND YOU DE OF INCORPORATION | |
|-------------|--|-----------|
| ٠, | ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
| | | |
| | ARTICLE I NAME | |
| | The name of the corporation show be | |
| | S4 Home Improvement, Inc. | |
| | ARTICLE II PRINCIPAL OFFICE | |
| | The principal place of business/mailing address is: | |
| | 1019 23rd Street | |
| | orlando, FL 3280S | |
| | ARTICLE III PURPOSE | |
| | The purpose for which the corporation is organized is: | - |
| | HOME IMPROVEMENTS | |
| | ARTICLE IV SHARES | |
| | The number of shares of stock is: \$\frac{100}{2}\$ | |
| | ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| | List name(s), address(es) and specific title(s): | |
| | Pobert Scott - owner 55 | SIDN |
| | OR (ANDO, FL 32805 | OF C |
| | ARTICLE VI REGISTERED AGENT |)RPC |
| | The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: | RA |
| | ROBERT SCOTT | 101 |
| | | ef. |
| | 1019 23RD ST ORLANDO, FL 32805 | |
| | ARTICLE VII INCORPORATOR | |
| | The name and address of the Incorporator is: | |
| | Robert Scott | |
| | 1019 23rd Street | - |
| | Orlando, FL 32805 | |
| | ************************************** | **** |
| | Having been named as registered agent to accept service of process for the above stated corporation at the place designate | d in this |
| | certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity | |
| | line the 3/29bont | |
| | Signature/Registered Agent Date | |
| | | |

Signature/Incorporator

2/23/05 Date