

P 05000094048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

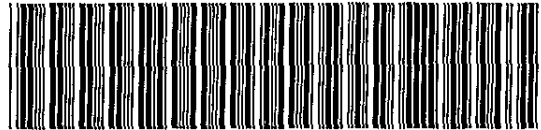
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000056686110

07/01/05--01026--023 **87.50

FILED
05 JUL -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/5/05
BLK

TRANSMITTAL LETTER

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

SUBJECT: _____

Bite Cut Carpentry, 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: _____

Jayson Nicolaisen
Name (Printed or typed)

1545 S. Disston Ave
Address

Tarpon Springs, FL 34689
City, State & Zip

727-938-2871
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)

FILED

05 JUL -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Rite Cut Carpentry, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*1545 S. Disston Ave
Tarpon Springs, FL 34689*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*any, and all lawful business
Residential Contractor*

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):

*Jayson K. Nicolaisen, President
1545 S. Disston Ave
Tarpon Springs, FL 34689*

ARTICLE VI REGISTERED AGENT

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

*Jayson K. Nicolaisen
1545 S. Disston Ave
Tarpon Springs, FL 34689*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jayson K. Nicolaisen
1545 S. Disston Ave
Tarpon Springs, FL 34689*

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.

Jayson K. Nicolaisen
Signature/Registered Agent

6/27/05
Date

Jayson K. Nicolaisen
Signature/Incorporator

6/27/05
Date