

PO5000110472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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J. Shivers AUG 10 2005

## TRANSMITTAL LETTER

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

SUBJECT: Bill's Home Repair Specialist, 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: William E. Lezotte  
Name (Printed or typed)

4206 Cascade Fall Dr  
Address

Sarasota, FL 34243  
City, State & Zip

(734) 379-5000  
Daytime Telephone number

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

Bill's Home Repair Specialist, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 129  
Rockwood, Mi 48173-0129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Starting New Bussiness

**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):

William E Lezotte (president)  
4206 Cascade Fall Dr  
Sarasota, Fl. 34243

**ARTICLE VI REGISTERED AGENT**

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

Thomas Pugno  
4206 Cascade Fall Dr  
Sarasota, Fl 34243

**ARTICLE VII INCORPORATOR**

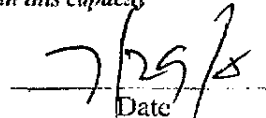
The name and address of the Incorporator is:

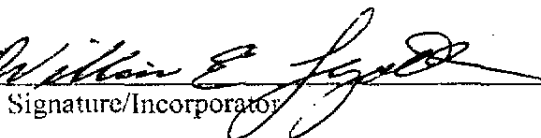
William E. Lezotte  
4206 Cascade Fall Dr  
Sarasota, Fl 34243

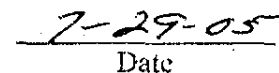
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Date

  
Signature/Incorporator

  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS