

P05000129480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

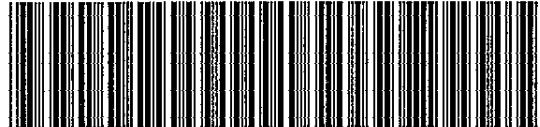
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2005 SEP 20 AM 9:10
CLERK OF STATE
TALLAHASSEE FLORIDA

9/21/05

COVER LETTER

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2005 SEP 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: EXTREME MAKEOVER PLASTERING 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: BRUNO ST. PIERRE

Name (Printed or typed)

1400 5TH AVENUE NORTH-SUITE 3-H

Address

NAPLES, FLORIDA 34102-3460

City, State & Zip

239-200-0932

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED
2005 SEP 20 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

September 13, 2005

BRUNO ST. PIERRE
1400 5TH AVENUE NORTH
SUITE 3-H
NAPLES, FL 34102-3460

SUBJECT: JEHOVAH JIREH INC.
Ref. Number: W05000042329

We have received your document for JEHOVAH JIREH INC. and your check(s) totaling \$87.50. 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.

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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 605A00056433

ARTICLES OF INCORPORATION

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

FILED

2005 SEP 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

THE NAME OF THIS FLORIDA CORPORATION SHALL BE CALLED
EXTREME MAKEOVER PLASTERING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1400 5TH AVENUE NORTH, SUITE 3-H
NAPLES, FLORIDA 34102-3460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OWN AND OPERATE A PLASTERING COMPANY IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

THE NUMBER OF SHARES OF STOCK SHALL BE ONE HUNDRED (100)
OF COMMON STOCK AT NO INITIAL PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BERNO ST. PIERRE	EDWIN ST. PIERRE
1400 5TH AVENUE NORTH, SUITE 3-H	1400 5TH AVENUE NORTH, SUITE 3-H
NAPLES, FLORIDA 34102-3460	NAPLES, FLORIDA 23102-3460

BIANCA ST. PIERRE
1400 5TH AVENUE NORTH, SUITE 3-H
NAPLES, FLORIDA 34102-3460

ARTICLE VI REGISTERED AGENT

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

BRUNO ST. PIERRE
1400 5TH AVENUE NORTH, SUITE 3-H
NAPLES, FLORIDA 34102-3460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRUNO ST. PIERRE
1400 5TH AVENUE NORTH, SUITE 3-H
NAPLES, FLORIDA 34102-3460

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

X Bruno St. Pierre
Signature/Registered Agent
X Bruno St. Pierre
Signature/Incorporator

X 9-17-05
Date
X 9-17-05
Date