

PO5000147469

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

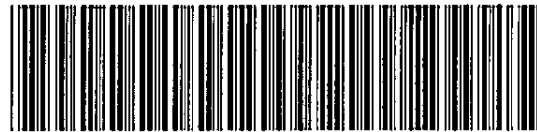
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TRANSMITTAL LETTER

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

SUBJECT: ALL SEASON HOME REPAIR 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: RAMON ELIAS MARTI
Name (Printed or typed)

16501 NELSON PARK DRIVE APT 202
Address

CLERMONT, FL 34711
City, State & Zip

407-298-0486
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 25, 2005

RAMON ELIAS MARTI
16501 NELSON PARK DR.
APT. 202
CLERMONT, FL 34711

SUBJECT: ALL SEASON HOME REPAIR INC.
Ref. Number: W05000048607

We have received your document for ALL SEASON HOME REPAIR INC. and check(s) totaling \$. However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete your filing.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6840.

Bruce W Kitchens
Document Specialist
NEW FILINGS

Letter Number: 105A00064630

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:

ALL SEASON HOME REPAIR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16501 NELSON PARK DRIVE APT. 202 CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME REPAIRS

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUAN RODRIGUEZ 5637HALLOW OAK ROAD ORLANDO, FL 32808 PRESIDENT/TREASURER
RAMON ELIAS MARTI 16501 NELSON PARK DRIVE CLERMONT, FL 34711 V.PRESIDENT/SECREATARY

ARTICLE VI REGISTERED AGENT

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

RAMON ELIAS MARTI 16501 NELSON PARK DR. APT. 202 CLERMONT, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN RODRIGUEZ 5637HOLLOW OAK ROAD ORLANDO, FL 32808

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

Ramon Elias Marti
Signature/Registered Agent

10-19-2005

Date

Juan B. Rodriguez
Signature/Incorporator

10-19-2005

Date

FILED
05 NOV -3 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA