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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2006 APR 10 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Elite Home & Office 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: Jeremy Paul DeFrancisco  
Name (Printed or typed)

323 New meadows ct  
Address

OOOEE FLA 34761  
City, State & Zip

407-575-5668  
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**

**ARTICLE I NAME**

The name of the corporation shall be:

*Elite Home & Office Repair, Inc.*

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SECRETARY OF STATE  
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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*323 New Meadows Ct  
Ocoee FL, 34761*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO Acquire WORKMANS COMP Insurance  
PERSONAL PROTECTION*

**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):

*Jeremy DeFrancisco 323 New Meadows Ct Ocoee FL 34761 Owner  
Georgeta DeFrancisco 323 New Meadows Ct Ocoee FL 34761 co-owner*

**ARTICLE VI REGISTERED AGENT**

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

*Jeremy Paul DeFrancisco  
323 New Meadows Ct  
Ocoee FL, 34761*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Jeremy Paul DeFrancisco  
323 New Meadows Ct  
Ocoee FL, 34761*

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*4-6-06*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*4-6-06*  
\_\_\_\_\_  
Date