

PO0000052395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

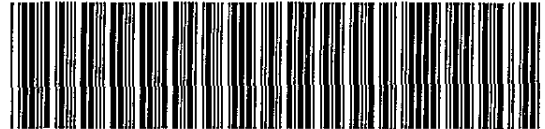
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

691-192-2553+2554

W000-14994



900068714889

03/27/06--01037--026 **70.00

FILED
2006 APR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/12/06

COVER LETTER

FILED

2006 APR 11 PM 2:30

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: AI QUALITY HOME SERVICES 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: MARK LISSNER
Name (Printed or typed)

P.O BOX 237
Address

WAYNE FL 60184
City, State & Zip

630 669-0185
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
06 APR 11 PM 2:55

March 29, 2006

MARK LISSNER
POST OFFICE BOX 237
WAYNE, IL 60184

SUBJECT: A-1 QUALITY HOME SERVICES INC
Ref. Number: W06000014994

We have received your document for A-1 QUALITY HOME SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the street address of each officer/director.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address 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 Filing Section

Letter Number: 006A00021232

2006 APR 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

AI QUALITY HOME SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

- ① P.O. BOX 237 WAYNE IL 60184
- ② 5N681 ROCHEFORT LN WAYNE IL 60184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION

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):

- MARK LISSNER
- ① PO BOX 237 WAYNE IL 60184
- ② 5N681 ROCHEFORT LN WAYNE IL 60184

ARTICLE VI REGISTERED AGENT

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

DON COLBURN
2400 S Ocean DR UNIT C212 FT PIERCE FL 34941

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

- MARK LISSNER
- ① P.O. BOX 237 WAYNE IL 60184
- ② 5N681 ROCHEFORT LN WAYNE IL 60184

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

MARCH-31-06

Date



Signature/Incorporator

MARCH 31-06

Date

FILED

2006 APR 11 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA