

P06000112232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Alison **GAVE**

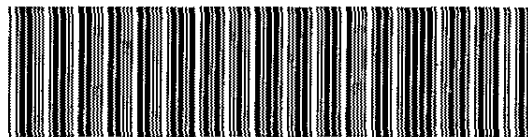
AUTHORIZATION BY PHONE TO

CORRECT Both CEO's

DATE 8/29/06

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08/28/06--01043--022 **87.50

FILED
06 AUG 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE AUG 29 2006

COVER LETTER

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

SUBJECT: A & k Home Remodeling 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: Allen E Sullivan

Name (Printed or typed)

7643 LOSPADRES AVE

Address

KEYSTONE HEIGHT, FL

City, State & Zip

904-422-4697

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)

ARTICLE I NAME

The name of the corporation shall be:

A & K HOME REMODELING inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7643 LOSPADRES AVE KEYSTONE HEIGHTS, FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME IMPROVEMENT

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):

SULLIVAN ALLEN E, SULLIVAN KEVIN L, CEO 7643 LOSPADRES AVE. KEYSTONE HEIGHTS FL 32656

ARTICLE VI REGISTERED AGENT

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

SULLIVAN ALLEN E 7643 LOSPADRES AVE. KEYSTONE, HEIGHTS FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALLEN SULLIVAN 7643 LOSPADRES AVE KEYSTONE ,HEIGHTS FL

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

Sullivan Allen E
Signature/Registered Agent

8-16-06
Date

Allen E. Sullivan
Signature/Incorporator

8-16-06
Date

FILED
06 AUG 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA