

P07000063648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

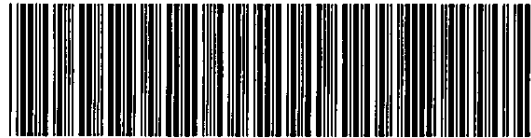
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900103279649

05/29/07--01051--003 **78.75

FILED
2007 MAY 29 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.2.5-30

COVER LETTER

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

SUBJECT: SAM'S DRYWALL & HOME REPAIRS 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: SAM'S DRYWALL & HOME REPAIRS INC.

Name (Printed or typed)

9999 SUMMERBREEZE DR. #915

Address

SUNRISE FL. 33322

City, State & Zip

(954) 638-0328

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

2007 MAY 29 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SAM'S DRYWALL & HOME REPAIRS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9999 SUMMERBREEZE DR. #915
SUNRISE FL. 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME IMPROVEMENTS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHLOMI MUTAY, PRES.
9999 SUMMERBREEZE DR. #915
SUNRISE FL. 33322

ARTICLE VI REGISTERED AGENT

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

SHLOMI MUTAY
9999 SUMMERBREEZE DR. #915
SUNRISE FL. 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHLOMI MUTAY
9999 SUMMERBREEZE DR. #915
SUNRISE FL. 33322

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

05/25/07

Date



Signature/Incorporator

05/25/07

Date