

PD 7000065954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

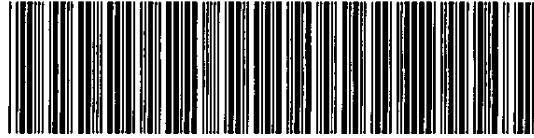
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700103742247

06/04/07--01018--008 **78.75

MRD
6/5

FILED
07 JUN -4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Solid Stone Restoration, 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: Chris Korb

Name (Printed or typed)

216 N. Lakeside Dr.

Address

Lake Worth, FL. 33460-3511

City, State & Zip

561-346-6882

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:

Solid Stone Restoration, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

216 N. Lakeside Dr. Lake Worth, FL.33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

marble and granite restoration

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):

Chris Korb 216 N. Lakeside Dr. Lake Worth, FL. 33460-3511

ARTICLE VI REGISTERED AGENT

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

Chris Korb 216 N. Lakeside Dr. Lake Worth, FL. 33460-3511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris Korb 216 N. Lakeside Dr. Lake Worth FL. 33460-3511

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



Signature/Incorporator

06/02/07

Date

06/02/07

Date

FILED

07 JUN -4 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA