

PG7000066872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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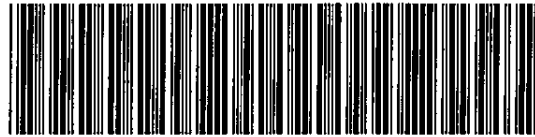
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Authentic Renovations 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: Joseph E Martin  
Name (Printed or typed)

8829 Vamo Road  
Address

Sarasota FL 34231  
City, State & Zip

941-966-5198  
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:

Authentic Renovations Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8829 Vamo Road  
Sarasota FL 34231

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Remodeling

## 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):

Joseph E Martin, PRESIDENT  
8829 Vamo Road  
Sarasota FL 34231

## ARTICLE VI REGISTERED AGENT

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

KIMBERLY J. BLESER  
8829 Vamo Road  
Sarasota FL 34231

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

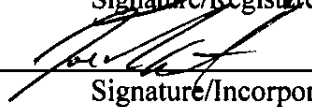
Joseph E Martin  
8829 Vamo Road  
Sarasota FL 34231

\*\*\*\*\*

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

6.1.07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6.1.07  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA