

P07000071266

(Requestor's Name)

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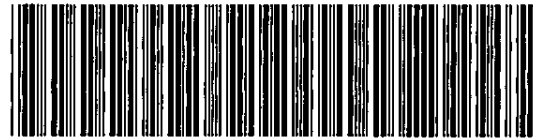
(Business Entity Name)

(Document Number)

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2007 JUN 19 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch JUN 19 2007

COVER LETTER

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

SUBJECT: HOWARD GOEHRING 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: HOWARD GOEHRING
Name (Printed or typed)

18820 ARIPEKA ROAD
Address

ARIPEKA FL 34619
City, State & Zip

727-819-1175
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2007

HOWARD GOEHRING
18820 APIPEKA ROAD
ARIPEKA, FL 34679

SUBJECT: HOWARD GOEHRING INC
Ref. Number: W07000026737

RECEIVED
07 JUN '19. PM. 2:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for HOWARD GOEHRING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 607A00038399

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:

HOWARD GOEHRING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18820 ARIPEKA ROAD
ARIPEKA, FL. 34679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLOOR INSTALL

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):

HOWARD GOEHRING PRES. P.O. BOX 856 ARIPEKA, FL. 34679
AMY GOEHRING VICE PRES P.O. BOX 311 ARIPEKA FL 34679
JULIA HOVIS SECRETARY P.O. BOX 311 ARIPEKA, FL
34679

ARTICLE VI REGISTERED AGENT

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

HOWARD GOEHRING
18820 ARIPEKA RD - ARIPEKA FL 34679

ARTICLE VII INCORPORATOR

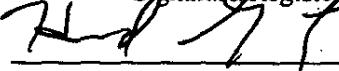
The name and address of the Incorporator is:

HOWARD GOEHRING P.O. BOX 856 ARIPEKA FL 34679
18820 ARIPEKA ROAD
ARIPEKA, FL 34679

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

6-15-07

Date

6-15-07

Date

FILED
2007 JUN 19 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA