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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 13 AM 11:24

EP 12/14/07

## COVER LETTER

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

SUBJECT: ATHUROFIX Home Improvements 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: Bryan K. Robins (ATHUROFIX Home Improvements Inc.)

Name (Printed or typed)

5919 Hicks Rd.

Address

Jacksonville , Florida 32244

City, State & Zip

(904)349-0901

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:

**ATHUROFIX Home Improvements Inc.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
5919 Hicks Rd. Jacksonville, Florida 32244

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Construction

## **ARTICLE IV SHARES**

The number of shares of stock is:

**100 shares n.p.v. / 100 shares president**

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**Bryan K. Robins Sr. ( President ) 5919 Hicks Rd. Jacksonville, FL. 32244**

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:  
Bryan K. Robins Sr. 5919 Hicks Rd. Jacksonville , Florida 32244

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
Bryan K. Robins Sr. 5919 Hicks Rd. Jacksonville , Florida 32244

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*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*

Bryan K. Robins Sr.  
Signature/Registered Agent

12/1/07  
Date

Bryan K. Robins Sr.  
Signature/Incorporator

12/1/2007  
Date