P0900102043

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Consist Instructions to Siling Office
Special Instructions to Filing Officer:





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SECRETARY OF STATE

DEC 22 2009 D. A. WHITE

COVER LETTER

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

SUBJECT: Todd W	/ilson - Home Services, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
	, evic (c) e-p; ev		
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate o
		ADDITIONAL CO	Status DPY REQUIRED
FROM: To	Nam	e (Printed or typed)	
341	14 Willow Branch Lane	Address	
		Addicss	
Kis	simmee, FL 34741	State & Zip	
	City	, State & Zip	
352	-502-7070		
10.000.00 0	Daytime 7	Telephone number	
Tod	d.Wilson78@yahoo.com		
	E-mail address: (to be use	d for future annual report	notification)

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

Δ	RTICL	ES	OF	INCOL	POR.	ATION
_		JE 11 7	\ /	111111111		~

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

FILED

The name of the corporation shall be:

Todd Wilson - Home Repair, Inc. 2009 DEC 21 P 3: 49

ARTICLE II PRINCIPAL OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The principal street address and mailing address, if different is:

3414 Willow Branch Lane Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful business.

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):
Todd Wilson - President

3414 Willow Branch Lane

Kissimmee, FL 34741

ARTICLE VI REGISTERED AGENT

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

Yvonne McElroy 7715 SW 82nd St Ocala, Fl 34476

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Yvonne McElroy 7715 SWB2nd St Ocala, FL 34476

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

_ yronne Mosley	12/10/09
Signature/Registered Agent	Date
yronne mil	12/10/09
Signature/Incorporator	Date