

P1000003/285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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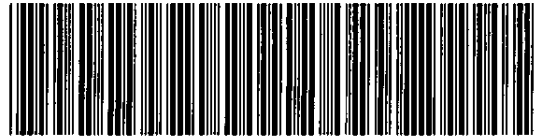
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED  
10 APR -9 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TH

## COVER LETTER

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

**SUBJECT:** FLORIDA MOBILE HOME SERVICES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ROBERT DISTEFANO

Name (Printed or typed)

110 GATES AVE

Address

LAKE PLACID, FLORIDA 33852

City, State & Zip

(863) 464-1030

Daytime Telephone number

michaelq5@live.com

E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

10 APR -9 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

FLORIDA MOBILE HOME SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

110 GATES AVE. LAKE PLACID, FL 33852

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MOBILE HOME MAINTENANCE & REPAIR

## ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1000)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT DISTEFANO - PRES. 110 GATES AVE LAKE PLACID, FL 33852	PATRICK CORLEY V.P. 15 PINE RIDGE DR. LAKE PLACID FL 33852	RICHARD DISTEFANO - TREAS. 110 GATES AVE. LAKE PLACID FL 33852
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## ARTICLE VI REGISTERED AGENT

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

ROBERT DISTEFANO, 110 GATES AVE

LAKE PLACID, FL33852

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT DISTEFANO, 110 GATES AVE

LAKE PLACID, FL 33852

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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



Signature/Registered Agent

4/5/2010

Date



Signature/Incorporator

4/5/2010

Date