

P10000044301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000181178610

000181178610  
05/21/10--01028--010 \*\*78.75

FILED  
10 MAY 21 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-24-10 CH

## COVER LETTER

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

**SUBJECT:** CMH 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:** CHRISTOPHER HEATON

\_\_\_\_\_  
Name (Printed or typed)

1849 SPRINGWOOD DR

\_\_\_\_\_  
Address

SARASOTA, FL 34232

\_\_\_\_\_  
City, State & Zip

941-914-2577

\_\_\_\_\_  
Daytime Telephone number

CMHEAT@COMCAST.NET

\_\_\_\_\_  
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)

### **ARTICLE I NAME**

The name of the corporation shall be:

CMH HOME SERVICES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

1849 SPRINGWOOD DR

SARASOTA, FL 34232

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HANDYMAN SERVICES

### **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):

CHRISTOPHER HEATON 1849 SPRINGWOOD DR PRESIDENT  
SARASOTA, FL 34232

### **ARTICLE VI REGISTERED AGENT**

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

CHRISTOPHER HEATON  
1849 SPRINGWOOD DR  
SARASOTA, FL 34232

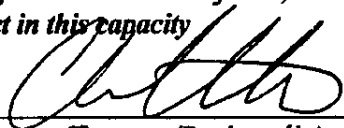
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

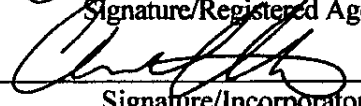
CHRISTOPHER HEATON  
1849 SPRINGWOOD DR  
SARASOTA, FL 34232

\*\*\*\*\*

*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

5/18/2010

Date

5/18/2010

Date

FILED  
10 MAY 21 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA