

P10000058393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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FILED  
10 JUL 15 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
7/20

## COVER LETTER

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

**SUBJECT:** He Who Cares, Paint, Drywall and Wood Repair, 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:** Joseph Whittemore

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

2115 Platou Drive

\_\_\_\_\_  
Address

Jacksonville, Florida 32210

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

904-422-8835

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

Not Applicable

\_\_\_\_\_  
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)

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

He Who Cares, Paint, Drywall and Wood Repair, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

2115 Platou Drive, Jacksonville, Florida 32210

**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):

Title: President  
Joseph Whittemore  
2115 Platou Drive  
Jacksonville, FL 32210

**ARTICLE VI REGISTERED AGENT**

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

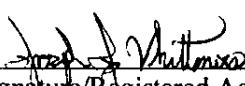
Joseph Whittemore  
2115 Platou Drive, Jacksonville, Florida 32210

**ARTICLE VII INCORPORATOR**

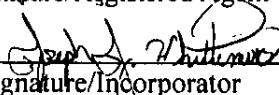
The name and address of the Incorporator is:

Joseph Whittemore  
2115 Platou Drive, Jacksonville, Florida 32210

\*\*\*\*\*  
*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

7/10/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/10/10  
\_\_\_\_\_  
Date