## P100000 91332

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: LIKE-NEW HOMES, IN	IC.	THE OUTDING	<del></del>
(PROPOSED CORPORA)  Enclosed are an original and one (1) copy of the artic		_	
\$70.00	\$78.75	\$87.50	
Filing Fee Filing Fee & Certificate of Status	☐Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of	
	ADDITIONAL CO	Status OPY REQUIRED	
FROM: WILLIAM E GROSSHAN			
	(Printed or typed)	2010 NOV SECRETA	
1631 GOLF VIEW DR			
A	ddress	JV -8 TARY ASSEI	Section 2
BELLEAIR, FL 33756		<u> </u>	
City,	State & Zip	STATE LORIDA	
<u>727 215 1465</u>		<u> </u>	
Daytime To	elephone number		

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

SE.REALTY@LIVE.COM

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

## 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:

ARTICLE II	PRINCIPAL OFFICE		
AKTICEET	Principal street address		Mailing address, if different is:
	1631 GOLF VIEW DR		
	BELLEAIR, FL 33756		
ARTICLE III	PURPOSE		
The purpose for NPURCHASE	which the corporation is organized is: E, REPAIR, SELL SFH		7010 NOV -8 A SECRETARY OF
ARTICLE IV The number of sha	SHARES ares of stock is:1000		STATI STATI
			· OF O
	INITIAL OFFICERS AND/OR DIRECT		
Name and I	Fitle: WILLIAM E GROSSHANTEN 1631 GOLF VIEW DR		ne and Title: PRES
Addicss.	BELLEAIR, FL 33756		iress:
	DELECTION, I. L. DOT (III		
Name and T	Title: KAREN A MASON	Name	ne and Title: SECT, TRES
Address:		Addre	fress:
	1631 GOLF VIEW DR	<del></del>	4964 4964 4964 4964 4
	BELLEAIR, FL 33756		
Name and 1 Address:	Title:	Name	ne and Title:iress:
	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable  WILLIAM E GROSSHANTEN  1631 GOLE VIEW DR		gistered agent is:
	BELLEAIR, FL 33756		
ARTICLE VII The name and ad Name: Address:	INCORPORATOR  Idress of the Incorporator is:  WILLIAM E GROSSHANTEN  1631 GOLF VIEW DR  BELLEAIR, FL 33756		
	ned as registered agent to accept service of pro imfamiliar with and accept the appointment as		he above stated corporation at the place designated in lagent and agree to act in this capacity
William	Required Signature/Registered Agent		Date
I submit this dos	umant and affirm that the feets stated bearing	ara tena I	I am aware that the false information submitted in
	ument unu affirm that the facts stated hereth t Department of State constitutes a third degree fet		I am aware that the false information submitted in a covided for in s.817.155, F.S.
Willia	m Required Signature/Incorporator	· •	//- 6-1 8 Date