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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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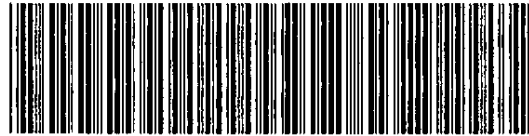
(Business Entity Name)

(Document Number)

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

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2011 FEB -4 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 07 2011

## COVER LETTER

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

SUBJECT: HOME AND GARDEN MASONRY 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: ARNALDO F. SANTOS

Name (Printed or typed)

89 PINE CIRCLE DR

Address

PALM COAST, FL 32164

City, State & Zip

203 913 6656

Daytime Telephone number

SANTOALDO @ AOL.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: HOME AND GARDEN MASONRY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
89 PINE CIRCLE DR  
PALM COAST FL 32164

Mailing address, if different is:  
89 PINE CIRCLE DR  
PALM COAST FL 32164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MASONRY SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ARNALDO F. SANTOS  
Address: 89 PINE CIRCLE DR  
PALM COAST FL 32164

Name and Title: PRESIDENT  
Address: 89 PINE CIRCLE DR  
PALM COAST FL 32164

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ARNALDO F. SANTOS  
Address: 89 PINE CIRCLE DR  
PALM COAST FL 32164

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARNALDO F. SANTOS  
Address: 89 PINE CIRCLE DR  
PALM COAST FL 32164

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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]  
Required Signature/Registered Agent

FEB 2 / 2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
ARNALDO F. SANTOS  
Required Signature/Incorporator

FEB 2 / 2011  
Date