

P11000020634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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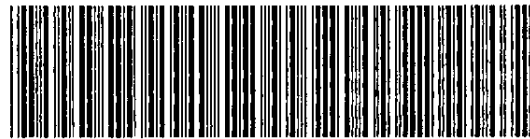
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/11--01026--020 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 25 PM 5:14

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: All Craftsmen Sales, 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: Thomas M. DeCleene
Name (Printed or typed)

8836 Handel Loop
Address

Land O'Lakes, FL 34637
City, State & Zip

(813) 849-8990
Daytime Telephone number

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

ARTICLE I NAME

All Craftsmen Sales, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

8836 Handel Loop
Land O'Lakes, FL 34637

11 FEB 25 PM 5:15

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida General Corporations Act.

ARTICLE IV SHARES

1,000 shares of common stock with no par value

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas M. DeCleene, President

Address: 8836 Handel Loop
Land O'Lakes, FL 34637

Name and Title: _____

Address: _____

Name and Title: Kristen M. DeCleene, Secretary

Address: 8836 Handel Loop
Land O'Lakes, FL 34637

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: Thomas M. DeCleene

Address: 8836 Handel Loop
Land O'Lakes, FL 34637

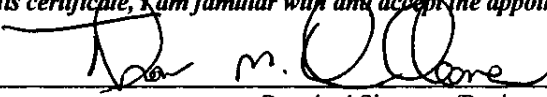
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas M. DeCleene

Address: 8836 Handel Loop
Land O'Lakes, FL 34637

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



Required Signature/Registered Agent

2-20-2011

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.



Required Signature/Incorporator

2-20-2011

Date