

P11000021128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

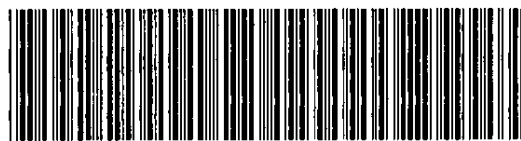
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
3/3

## COVER LETTER

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

SUBJECT: Craig's Electrical Service Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

☐

\$70.00  
Filing Fee

☒

\$78.75  
Filing Fees &  
Certificate of Status

☐

\$78.75  
Filing Fee  
& Certified Copy

☐

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Craig Holder  
Name (Printed or typed)

846 SW Main Blvd  
Address

LAKE City FL 32025  
City, State & Zip

386 752 4576  
Daytime Telephone number

dichardchief58@yahoo.com  
Email Address: (to be used for future annual report notification)

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

Division of Corporations  
Tallahassee Florida

February 22, 2011

To Whom It May Concern:

I am requesting that my corporation name of Craig's Electrical Service Inc  
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

*Craig Heller*

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TALLAHASSEE FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Craig's Electrical Service Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

RT 15 BOX 3618  
LAKE CITY FL  
32024

mailing address, if different is:

846 SW MAIN Blvd  
LAKE CITY FL 32025

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all legal purpose

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS

Name and Title: CRAIG HOLDER Name and Title:

Address: Address:

846 SW Main Blvd  
Lake City FL 32025

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:

Address:

CRAIG HOLDER  
846 SW Main Blvd  
Lake City FL 32025

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Nettie Davis  
846 SW Main Blvd  
LAKE CITY FL 32025

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

Craig Holder

Required Signature/Registered Agent

2/24/11  
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.

Nettie Davis

Required Signature/Incorporator

2/24/11  
Date