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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -9 PM 4:36

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8

COVER LETTER

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

SUBJECT: Artisan Improvement & 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 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: Belisario Manrique
Name (Printed or typed)

9585 Summer Place
Address

Naples, Florida 34109
City, State & Zip

561-309-0505
Daytime Telephone number

belisnoe@yahoo.com
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)

ARTICLE I NAME

The name of the corporation shall be: Artisan Improvement & Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9585 Summer Place
Naples, Florida 34110

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation's purpose is to provide handyman services in field of commercial home improvement and repair.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Belisario Manrique, President
Address: 9585 Summer Place
Naples, Florida 34109

Name and Title: _____
Address: _____

Name and Title: Isabelle Hart Secretary & Treasurer
Address: 9585 Summer Place
Naples, Florida 34109

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: Isabelle Hart
Address: 9585 Summer Place
Naples, Florida 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Belisario Manrique
Address: 9585 Summer Place
Naples, Florida 34109

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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

Isabelle Hart

Required Signature/Registered Agent

5/5/11

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.

Belisario Manrique

Required Signature/Incorporator

5/5/11

Date