

P 11 0000065053

(Requestor's Name)

LEDGERPLUS

Office Villas of Plantation
150 S. University Dr. Suite C
Plantation, FL 33324-3327

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

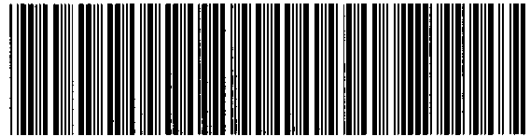
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-36742

Office Use Only



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DIVISION OF CORPORATIONS
11 JUL 18 AM 11:31

Am 7/20/11

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DIVISION OF CORPORATIONS
11 JUL 18 AM 11:31

June 14, 2011

To whom it may concern:

Please accept this as notification that ABOUT YOU CARPENTRY, INC. has no intention of reinstating this existing corporation. If I can provide any further information, please contact me at the address and or telephone number below.


PATRICK TRAVAGLIA

President

FL DL T612677633900

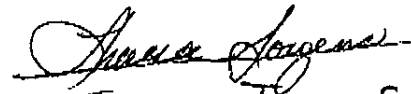
About You Carpentry, Inc.

215 NE 10th Avenue, Ste #3

Hallandale Beach, FL

33009

STATE OF FLORIDA
COUNTY OF BROWARD


THERESA JORGENS



THERESA ANNA JORGENS
MY COMMISSION # EE 092158
EXPIRES: June 20, 2016
Bonded Thru Budget Notary Services

COVER LETTER

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

SUBJECT: ABOUT YOU CARPENTRY, 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: PAUL FRANSON

Name (Printed or typed)

150 SOUTH UNIVERSITY DRIVE, SUITE C

Address

PLANTATION, FLORIDA 33324

City, State & Zip

954-472-9144

Daytime Telephone number

PFRANSON@LEDGERPLUS.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

PAUL FRANSON
150 SOUTH UNIVERSITY DR. SUITE C
PLANTATION, FL 33324-3327

SUBJECT: ABOUT YOU CARPENTRY, INC.
Ref. Number: W11000036742

We have received your document for ABOUT YOU CARPENTRY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 911A00016566

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

ABOUT YOU CARPENTRY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
215 NE 10TH AVENUE, STE #3
HALLANDALE BEACH, FLORIDA
33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK TRAVAGLIA
Address: 215 NE 10TH AVENUE, STE #3
HALLANDALE BEACH, FLORIDA
33009

Name and Title: _____
Address: _____

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: PATRICK TRAVAGLIA
Address: 215 NE 10TH AVENUE, STE #3
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICK TRAVAGLIA
Address: 215 NE 10TH AVENUE, STE #3
HALLANDALE BEACH, FL 33009

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

Patrick Travaglia
Required Signature/Registered Agent

7-07-2011
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.

Patrick Travaglia
Required Signature/Incorporator

7-07-2011
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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