

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000205092 3)))



H110002050923ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

home remodeling & maintenance, inc.

Certificate of Status_	0
Certified Copy	
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

8/16/2011

PAGE 01/02

HI1 000205092

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

PROJUCE OF REGISTERED AGENT Name and Title: WP. MONO PA. J. KANDVILLE. FL. 32256-8107. Name and Title: WP. MONO PA. J. KANDVILLE. FL. 32256-8107. Name and Title: WP. MONO PA. J. KANDVILLE. FL. 32256-8107. Name and Title: WP. MONO PA. J. KANDVIC. Address: 9801 OLD BAYMEADOWS RD. # 14. Address: 9801 OLD BAYMEADOWS RD. #		PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS The number of shares of stock is: 1,000 \$1.00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRES- ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, # 14. Address: JACKSONVILLE, FL. 32256-8107 Name and Title: PRES- MONO PAJKANIOVIC Address: 9801 OLD BAYMEADOWS RD, # 14. Address: JACKSONVILLE, FL. 32256-8107 Name and Title: Address: Address: 9801 OLD BAYMEADOWS RD, # 14. Address: Address: 9801 OLD BAYMEADOWS RD, # 14. Address: Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: Name: 7DRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, # 14. Address: 9	Š	801 OLD BAYMEADOWS RD. # 14 ACKSONVILLE, FL 32256-8107	
The number of shares of stock is: 1,000 @ \$1.00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: PRES = ZDRAWKO RELOTA	The purpose for w	hich the corporation is organized is:	
Name and Title: PRES- ZDRAYKO RELOTA Address: 9801 OLD BAYMEADOWS RD, #14 Address: JACKSONVILLE FL 32256-8107 Address: JACKSONVILLE FL 32256-8107 Name and Title: Address: JCRAYKO RELOTA Address: 9801 OLD RAYMEADOWS RD, #14 JACKSONVILLE FL 32256-8107 JA			
Address: JACKSONVILLE, FL 32256-8107 Name and Title: VP- MONO PAJKANOVIC Name and Title: Address: JACKSONVILLE, FL 32256-8107 Name and Title: Name and Title: Address: JACKSONVILLE, FL 32256-8107 Name and Title: Name and Title: Address: JACKSONVILLE, FL 32256-8107 Name: ZDRAVKO RELOTA Address: JRB1 OLD RAYMEADOWS RD, # 14 _ JACKSONVILLE, FL 32256-8107 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: JRB1 OLD RAYMEADOWS RD, # 14 _ JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. OB/16/2011	ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: VP- MONO PAJKANOVIC. Address: 9801 OLD BAYMEADOWS RD, # 14 Address: JACKSONVILLE, FL 32256-8107 Name and Title: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVILLE, FL 32256-8107 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVILLE, FL 32256-8107 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 O8/16/2011 Required Signature/Registered Agent O8/16/2011	Name and Ti	tle:PRES- ZDRAVKO RELOTA Name a	and Title:
Name and Title: VP_MONO PAJKANOVIC Address: 9801 OID BAYMEADOWS RD, #14 Address: JACKSONVILLE FL 32256-8107 Name and Title: Name and Title: Address: PRO 1 OID BAYMEADOWS RD, #14 JACKSONVILLE FL 32256-8107 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OID BAYMEADOWS RD, #14 JACKSONVILLE FL 32256-8107 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OID BAYMEADOWS RD, #14 JACKSONVILLE FL 32256-8107 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 O8/16/2011 Required Signature/Registered Agent O8/16/2011 Required Signature/Registered Agent are true. I am aware that the false information submitted in a locument to the Ospartment of State constitutes a third degree feloxy as provided for in x 817.135, F.S. O8/16/2011	Address:		<u> </u>
Name and Title: VP_MONO PAJKANOVIC Address: 9801 Old BAYMFADOWS RD, #14 JACKSONVILLE FL 32258-8107 Name and Title: Name and Title: Address: PRD JOID BAYMFADOWS RD, #14 JACKSONVILLE FL 32256-8107 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ZDRAVKO RFL OTA Address: 9801 Old BAYMFADOWS RD, #14 JACKSONVILLE FL 32256-8107 Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Address: 9801 Old BAYMFADOWS RD, #14 JACKSONVILLE FL 32256-8107 Having been named as registered agent to accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent O8/16/2011 Required Signature/Registered Agent are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree feloxy as provided for in x 817.155, F.S. O8/16/2011		JACKSUNVILLE, FL 32255-8107_	
Address: JACKSONVILLE FI. 32256-8107 Name and Title:			
Address: JACKSONVILLE FI. 32256-8107 Name and Title:	Name and Ti	ile: VP- MONO PAJKANOVIC Name s	and Title:
Name and Title: Address:	Address:	9801 OLD BAYMEADOWS RD. # 14 Addres	
Name and Title: Address: ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: Name: ADDRAVKO RELOTA Address: Add		JACKSONVILLE, FL 32256-8107	
Address: Addres			
Address: Addres	Name and Ti	de: Name a	and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ZDRAVKO RELOTA Address: 9801 OI D RAYMEADOWS RD, #14 JACKSONVII LE, FI 32256-8107. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD RAYMEADOWS RD, #14 JACKSONVII LE, FI 32256-8107 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 O8/16/2011		Addres	s:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, #14 LACKSONVILLE, Fl. 32256-8107 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, #14 JACKSONVILLE, FL. 32256-8107 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 Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, #14			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, #14	ARTICLE VI	rrgistreen agent	ود ۵۵ ا از مانیو
Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVII LE, FL 32256-8107 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVII LE, FL 32256-8107 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 Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVII LE, FL 32256-8107 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 O8/16/2011 Date Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			ered agent is:
Address: 9801 OID BAYMEADOWS RD, #14 JACKSONVII I F, FI 32256:8107 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OID BAYMEADOWS RD #14 JACKSONVII I F, FI 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity I Required Signature/Registered Agent Date	Name:	ZDRAVKO RELOTA	The same of the sa
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD # 14 JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O8/16/2011 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			<u> </u>
The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD. # 14 JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011		JACKSONVILLE FL 32256-8107	CD
The name and address of the Incorporator is: Name: ZDRAVKO RELOTA Address: 9801 OLD BAYMEADOWS RD. # 14 JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. 08/16/2011	4 D 607/Oz 22 VIET	**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name: Address: DRAVKO RELOTA 9801 OLD BAYMEADOWS RD # 14 JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O8/16/2011 Required Signature/Registered Agent Date submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			The second secon
Address: 9801 OLD BAYMEADOWS RD, # 14 JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O8/16/2011 Required Signature/Registered Agent Date submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			
JACKSONVILLE, FL 32256-8107 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O8/16/2011 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S. O8/16/2011			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O8/16/2011 Date	•	JACKSONVILLE, FL 32256-8107	
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. OB/16/2011		d as registered agent to accept service of process for the a	tbove stated corporation at the place designated in
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S. OB/16/2011	all h		08/16/2011
submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree falony as provided for in x.817.155, F.S. 08/16/2011	Kelab)	Remired Signature/Registered Agent	
08/16/2011		nent and affirm that the facts stated herein are true. I as	n aware that the false information submitted in a
Required Signature/Incorporator 08/16/2011 Date	www.waneru w we ve	han museum at music constructes in outen wellies lessech as beaut	and for an intersect to an any to the
Required Signature/Incorporator Date	61114		08/16/2011
	[[].] [-	Required Signature/Incorporator	Date
			- Hii 000205097_