· P1	INDET 188		
(Requestor's Name) (Address)	500212821945		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	10/05/1101009012 **78.75		
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	FILED DIVISION OF CORPORATIONS 11 OCT -5 PH 3: 56		
Office Use Only	PS 10/10/11		

i.

COVER LETTER

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

SUBJECT: All Craftsmen of Florida, 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

Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED
	-

FROM: Thomas M. DeCleene

\$78.75

Name (Printed or typed)

8836 Handel Loop Address

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

(813) 849-8990

Daytime Telephone number

craftsmenroofing@aol.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 INCORPORT In compliance with Chapter ou 7 and	ORATION for Chapter 621, F.S.	(Profit)	
ARTICLE I NAME The name of the corporation shall be: All Craftsmen	of Florida	Inc.	
ARTICLE II PRINCIPAL OFFICE		•	
^r Principal street address	Mai	ling address, if different	t is:
8836 Handel Loop			
Land O' Lakes, FL 34637	<u></u>		
		·····	
ARTICLE III PURPOSE			. 🗂
Any and all which fur posses in the state of Florida.			
			OCT SEC
			5 COAE
	·		
ARTICLE IV SHARES 1,500	•		STA STA
The number of shares of stock is: '			TIONS TIONS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR			
Name and Title: Thomas M. DeCleene, President		sten M. DeCleen	e, Secretary
Address: 8836 Handel Loop Land O' Lakes, FL 34637		36 Handel Loop nd O' Lakes, FL 3	4627
Lanu U Lakes, FL 34037	. Lai		<u>+0.57</u>
		tuicie Ann Chanau	· T reesures
Name and Title: Robert B. Cheney, Vice President_ Address: <u>7845</u> Manasota Key Ro-		<u>tricia Ann Cheney</u> 845 Manasota	
Englewood FL 34223		Enaleworri, FL	34223
Name and Titley James D. Harris, Vice President	Name and TitleDe	herebl Llorric \	line Dreaident
Name and Title: James D. Harris, Vice President		borah L. Harris, V	
Valrico, FL 33596		Urice FL 3359	
,		•	
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 <u>name and address</u> of the Incorporator is: Name: Thomas M. DeCleene			
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	cornoration at the play	a designated in
this certificate, I am familiar with and accept the appointment as regi			
	0 0		
Joner M. Ellene		$10 - \alpha^{-1}$	- 2011 ate
Required Signature/Registered Agent		D	ate
I submit this document and affirm that the facts stated herein are	true. I am aware tha	t the false information	submitted in a
document to the Department of State constitutes a third degree felony			
T) \sim () ((h)		$1 \sim 10$	- 2011
Jomes (11. Conc	· · · · · · · · · · · · · · · · · · ·	1 <u>v</u> 2	

kequired Signature/Incorporator

Date