

P1200002090

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -6 PM 1:23

Ps 1/9/12

## COVER LETTER

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

SUBJECT: American Regional Woodworks, 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: Michael L. Beasley

Name (Printed or typed)

1236 Industrial Blvd.

Address

Naples, Florida 34104

City, State & Zip

239-643-0959

Daytime Telephone number

ARWGETWOOD@COMCAST.NET

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

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

ENCLOSURE

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** American Regional Woodworks, Inc.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1236 Industrial Blvd.  
Naples, Florida 34104

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Cabinet and Furniture Manufacturing.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Michael Beasley President</u>	Name and Title: _____
Address: <u>715 94th Ave.</u>	Address: _____
<u>Naples, Florida 34108</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

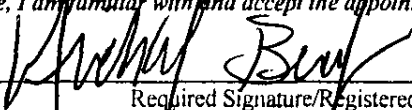
Name: Michael Beasley  
Address: 715 94 th Ave  
Naples, Florida 34108

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Beasley  
Address: 715 94 th Ave  
Naples, Florida 34108

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

January 4, 2012  
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.

  
Required Signature/Incorporator

Jan. 4, 2012  
Date