

P12000008074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/03/11--01013--021 **70.00

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12 JAN 23 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 1/24/12

111 51180

COVER LETTER

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

SUBJECT: A & A 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: Aaron Austin

Name (Printed or typed)

300 Minnesota Ave.

Address

St. Cloud, FL 34769

City, State & Zip

321-624-5732

Daytime Telephone number

sherriaustin86@gmail.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

RECEIVED
12 JAN 23 PM 3:43
DIVISION OF CORPORATIONS

October 4, 2011

AARON AUSTIN
300 MINNESOTA AVE.
ST CLOUD, FL 34769

SUBJECT: A & A CARPENTRY, INC.
Ref. Number: W11000051180

We have received your document for A & A 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.

An effective date may be added to the Articles of Incorporation **if a 2012 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 911A00022869

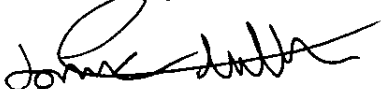
FILED
12 JAN 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern,

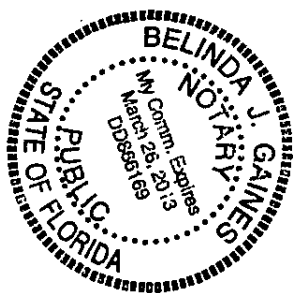
I, James Tutton, will not be renewing the AA Carpentry, Inc. corporation. I release the name for use to another entity.

Sincerely,

James Tutton

 01/02/12





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: A & A Carpentry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
300 Minnesota Ave.
St. Cloud, FL 34769

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
New business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Austin / President
Address: 300 Minnesota Ave.
St. Cloud, FL 34769

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:

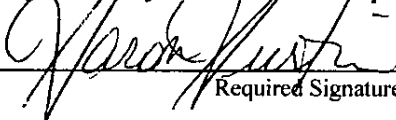
Name: Aaron Austin
Address: 300 Minnesota Ave.
St. Cloud, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aaron Austin
Address: 300 Minnesota Ave.
St. Cloud, FL 34769

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

9/27/11
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.


Required Signature/Incorporator

9/27/11
Date

FILED
12 JAN 23 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA