P120000022415

(Requestor's Name)	
(Address)	
(Address)	-
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u>.</u> ·
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
·	
	l IMK

Office Use Only



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03/06/12--01020--011 **78.75

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FILED

12 MAR -6 PM I2: 2

SECRETARY OF STATE

COVER LETTER

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

More Inc. re name – <u>must include suffix</u>)
cles of incorporation and a check for:
\$78.75 \$87.50 Filing Fee Filing Fec, & Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED
(Printed or typed)
Address
State & Zip
lephone number
for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 12 MAD

ADDICE E	NAME		SECRETAR -6 PH 12: 26
ARTICLE I The name of the co	NAME A-1 Kitchens Baths orporation shall be:	& More Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II	PRINCIPAL OFFICE		ASSEE, FLORIDA
	Principal street address		vianning address, it different is.
	511 Oleander St	Same A	S
J	Neptune Beach, Fl 32266		A Abdition
ARTICLE III			
	which the corporation is organized is: ion of cabinets and remodeling of	kitchene and bath	us tile paint sheetrock and
		KIICHEHS AND DAIN	is, tile, paint, sheetrock, and
installation o	of fixtures		
ARTICLE IV	SHARES		
The number of sha	ares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
	Title:Terry Larson		:Michael Vona
Address:	CEO	Address:	President
	511 Oleander St		9556 Historic Kings Rd. #411
	Neptune Beach Fl 32266		Jacksonville, FI 32257
Name and T	Title:	Name and Title	:
Address:		Address:	
Name and T	itle:	Name and Title	·
Address:		Address:	
			
	REGISTERED AGENT	1.1 C.1	and the
	orida street address (P.O. Box NOT accepta Terry Larson	ible) of the registered age	nt is:
Name; -	511 Oleander St		
	Neptune Beach Fl 32266		· · ·
	•		•
ARTICLE VII			\
	Idress of the Incorporator is:		<u>`</u>
Name:	Terry Larson	·	•
Address:	511 Oleander St		4
	Neptune Beach, Fl. 32266	***************************************	· ·
Having been nan	ned as registered agent to accept service of p	process for the above sta	tted cornoration at the name descinated in
this certificate, L	am familiar with and accept the appointment	as registered agent and	agree to act in this capacity
 '	\ 1		1
\ www.	V. have		3/11/12
1	Required Signature/Registered Ager	nt	Date
l submit this dos			1
e suumu mis aoc. Aocument to tho I	ument and affirm that the facts stated here.	m are true. I am aware	that the false information submitted in a \\
	Department of State constitutes a third degree	jetony as provided for it	18.817,155, F.S.
1 850	y V: Lam		121/12
	Nequired Signature/Incorporator		5/01/12