

P12000025113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

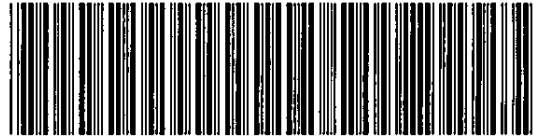
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 13 PM 2:59

gr 3/14/12

COVER LETTER

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

SUBJECT: Me Fix It 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: Doreen Bouchard

Name (Printed or typed)

301 Shadylawn Ave

Address

Nokomis, F.L. 34275

City, State & Zip

941-586-9697

Daytime Telephone number

mefixitinc@gmail.com

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

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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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME Me Fix It Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
301 Shadylawn Ave
Nokomis, F.L. 34275

12 MAR 13 PM 2:59
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A. To engage in and transact any Lawful Business for which Corporations may be Incorporated under the Florida General Corporation Act. No Other purpose limits this general purpose in any way.

B. To do such other things as are incidental to the purposes of the Corporation or Necessary and/or desirable in order to accomplish them.

ARTICLE IV SHARES

The number of shares of stock is Capital Stock. The aggregate number of shares which the Corporation is Authorized to issue is 1,000 shares of common stock. Such shares shall be of single class and shall have A Par value of \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doreen Bouchard Vice President
Address: 301 Shadylawn Ave.
Nokomis, F.L. 34275

Name and Title: Scott Bouchard Treasurer
Address: 3710 S. Sumter Blvd.
North Port, F.L. 34286

Name and Title: Daniel Peckham Secretary
Address: 2922 Alesio Ave.
North Port, F.L. 34287

Name and Title: _____
Address: _____

Name and Title: Gale Parent President
Address: 3710 S. Sumter Blvd.
North Port, F.L. 34286

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: Doreen Bouchard
Address: 301 Shadylawn Ave
Nokomis, F.L. 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Doreen Bouchard
Address: 301 Shadylawn Ave
Nokomis, F.L. 34275

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

Doreen Bouchard

Required Signature/Registered Agent

3/6/12
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.

Doreen Bouchard

Required Signature/Incorporator

3/6/12
Date