## P12,000045911

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800235053758

05/15/12--01025--002 \*\*78.75

12 MAY 15 PH 4: 16

SEURETARY OF STATE
SEURETARY OF STATE

or 5/10/12

## **COVER LETTER**

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

## SUBJECT: Huddleson Home Repair & Remodeling 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 & Certificate of Statu	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Tim Huddleson	Name (Printed or typed)			
18510 Sunward Lake Place Address				
Lutz, FL 33549 City, State & Zip				
813-482-1411  Daytime Telephone number				
hyder_williams@msn.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 INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N. The name of the corpo	AME Huddleson Home Repai eration shall be:	r & Remodeling Inc.	SECRETARY OF STATE IVISION OF CORPORATIONS	
<u>Tim</u>	RINCIPAL OFFICE Principal street address Huddleson 10 Sunward Lake Place 7, FL 33549	Tim Huddleson 13176 N Dale Mat	12 MAY 15. PM 4: 16 ory	
ARTICLE III PUTTING THE PUTTING TO WHICH HOME Repair	TRPOSE  h the corporation is organized is:			
ARTICLE IV SI	of stock is:100	_		
Name and Title: Address:	ITTIAL OFFICERS AND/OR DIRECTOR Tim Huddleson President 18510 Sunward Lake Place Lutz, FL 33549	Name and Title: Address:		
Name and Title: Address:		Address:		
		Address:		
	EGISTERED AGENT	'al		
Name:	a street address (P.O. Box NOT acceptable) of Anthony Hyder			
Address:	13176 N Dale Mabry Tampa, FL 33618			
ARTICLE VII IN	CORPORATOR			
	ss of the Incorporator is:			
Name: Address:	Tim Huddleson 18510 Sunward Lake Place Lutz, FL 33549	- - -		
Having been named a this certificate, Vam fa	as registered agent to accept service of process amiliar with and accept the appointment as region  Required Signature/Registered Agent	for the above stated corporatistered agent and agree to act in	ion at the place designated in this capacity	
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.				
// //				
Timthy	Required Signature/Incorporator		5/19/00/2 Date	