## P1200057933

(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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06/14/12--01009--011 \*\*78.75

SECRETARY OF STATE ALLAHASSEE, FLORIDA

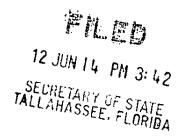
MRD /12

## **COVER LETTER**

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

SUBJECT: CHYLE'S ROOFING, INC.			
(PROPOSED CORPORA)  Enclosed are an original and one (1) copy of the article.	TE NAME – MUST INCLUDE SUFFIX)  cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Gloria Mills E.A.	(Printed or typed)		
3708 W Bay to Bay Blvd	ddress		
Tampa, FL 33629	State & Zip		
813-837-1100 Daytime Te	elephone number		
gloria@irescue-tax.com E-mail address: (to be used	for future annual report notification)		

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



June 8, 2012

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

Re: Release of name

To whom it may concern:

Please release the name of the corporation Chyles Roofing, Inc. The owner is not reinstating the old corporation which was dissolved September 2011.

I am enclosing new articles of incorporation in with this note. I am also remitting a check for \$78.75.

Please let me know if you need something further.

Thank You

Gloria J Mills,

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

ARTICLE I No.	AME CHYLE'S ROOFING, I	NC	
720	Principal office Principal street address 7 Blossom Ave npa, FL 33614	Mailing address, if different is: 3708 W Bay to Bay Blvd Tampa, FL 33629	
ARTICLE III PU The purpose for which Any and all lawf	h the corporation is organized is:		TALLARIASS
Name and Title:	of stock is:100 IITIAL OFFICERS AND/OR DIRECTO William Chyle PTD	Name and Title:	PH 3: 42 EE. FLORIBA
	7207 Blossom Ave Tampa, FL 33614		
		Address:	
Name and Title: Address:		Address:	
	GISTERED AGENT a street address (P.O. Box NOT acceptable) Gloria Mills E.A. 3708 W. Bay to Bay Blvd Tampa, FL 33629		
•	Tampa, FL 33629  CORPORATOR  s of the Incorporator is: Gloria Mills E.A.  3708 W Bay to Bay Blvd  Tampa, FL 33629		
this certificate, I am fa	s registered agent to accept service of procesmiliar with and accept the appointment as re		
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein ar tment of State constitutes a third degree felo		
<del></del>	Required Signature/Incorporator	<del></del>	Date