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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORPORATE ACCESS, INC.  
Account Number : FCA000000011  
Phone : (850)222-2666  
Fax Number : (850)222-1666

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SECOND TO NONE HOME IMPROVEMENT, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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No. 8065 P. 2/2

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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: Second To None Home Improvement, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 4323 MARQUETTE AVE.  
JAX. FL 32210  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: HOME IMPROVEMENT / LIGHT CARPENTRY

**ARTICLE IV SHARES**  
The number of shares of stock is: 10 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                                       |                       |
|---------------------------------------|-----------------------|
| Name and Title: <u>Douglas Malott</u> | Name and Title: _____ |
| Address: <u>President</u>             | Address: _____        |
| <u>4323 MARQUETTE AVE.</u>            | _____                 |
| <u>JAX. FL. 32210</u>                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |
| _____                                 | _____                 |

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Douglas Malott  
Address: 4323 Marquette Ave.  
JACKSONVILLE, FL 32210

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Douglas Malott  
Address: 4323 Marquette Ave  
JAX FL 32210

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.

Douglas Malott Required Signature/Registered Agent 7-2-12 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 in the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Douglas Malott Required Signature/Incorporator 7-2-12 Date

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TALLAHASSEE, FLORIDA

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