

P12000072299

(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



100238423461

08/15/12--01017--004 **78.75

W12-42558

FILED
12 AUG 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

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

SUBJECT: Home Works Custom Design Home Improvement, 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: Ted J Mauger
Name (Printed or typed)

953 Highland ave ne
Address

Largo, Florida 33770
City, State & Zip

727-239-3363
Daytime Telephone number

Tedmauger@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2012

TED J MAUGER
953 HIGHLAND AVE NE
LARGO, FL 33770

SUBJECT: HOME WORKS CUSTOM DESIGN HOME IMPROVEMENT, INC.
Ref. Number: W12000042858

We have received your document for HOME WORKS CUSTOM DESIGN HOME IMPROVEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 812A00021157

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:

Home Works Custom Design Home Improvement, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

953 Highland ave ne

Largo

Florida 33770

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Improvement Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ted J Mauger, President

Address: 953 Highland ave ne

Largo

Florida 33770

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
12 AUG 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TED J MAUGER

Address: 953 HIGHLAND AVE NE

LARGO FLORIDA 33770

ARTICLE VII INCORPORATOR

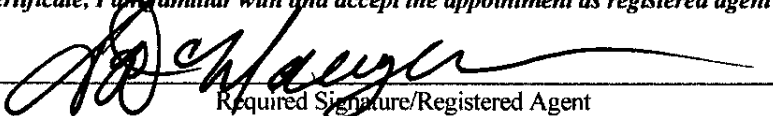
The name and address of the Incorporator is:

Name: Ted J Mauger

Address: 953 Highland ave ne

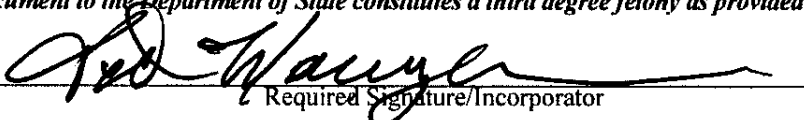
Largo, Florida 33770

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


Required Signature/Registered Agent

8-20-12
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.


Required Signature/Incorporator

08/06/2012
Date