# P12000073527

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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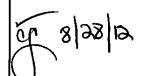


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SECRETARY OF STATE
JIVISION OF CORPORATIONS



#### **COVER LETTER**

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

# SUBJECT: Hamel Custom Builders of the Pam Beaches Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

nclosed are an original and one (1) copy of the artic	cles of incorporation ar	id a check for:		
\$70.00 Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Cop & Certificate Status OPY REQUIRED	of	
FROM: David B Hamel	(Printed or typed)			
2203 Prairieview Dr				<u> </u>
A	ddress	<del></del>	12	VIS
Loxahatchee FL 33470	State & Zip		12 AUG 27	OR AN
561-202-4853	elephone number		PH	Y OF STORPOR
·	•		3: 30	ATI
hamboned@bellsouth.ne E-mail address: (to be used	t	tantification)		SWO.
E-man address: (to be used	i ioi iuiure amiuai repor	i nounicanon)		

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



RECEIVED

12 AUG 27 AM 10: 19

SECRETARY OF STATE TALLAHASSIE, FLORIDA

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2012

DAVID B HAMEL 2203 PRAIRIEVIEW DRIVE LOXAHATCHEE, FL 33470

SUBJECT: HAMEL CUSTOM BUILDERS INC.

Ref. Number: W12000042417

We have received your document for HAMEL CUSTOM BUILDERS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on June 21, 2011.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 212A00020962

19 AIC 27 CORPORATIONS

#### ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE	12 AUG 27 PM 3:
	Principal street address	Mailing address, if different is:
	2203 Prairieview Dr	
	Loxahatchee FL 33470	
	PURPOSE	
	which the corporation is organized is: construction services.	
RTICLE IV	SHARES hares of stock is:100	
RTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS
Name and Address:	Title: David B Hamel President	Name and Title:
Address:	2203 Prairieview Dr Loxahatchee FL 33470	
	Loxanaichee FL 33470	
Name and	Title:	Name and Title:
Address:		Address:
Name and Address:	Title:	Name and Title:
Address.		
	REGISTERED AGENT	
	Torida street address (P.O. Box NOT acceptat	
Name: Address:	David B Hamel	
Address.	2203 Prairieview Dr Loxabatchee FL 33470	<del></del>
		<del></del>
RTICLE VII		
he <u>name and a</u> Name:	ddress of the Incorporator is:	
Name: Address:	David B Hamel 2203 Prairieview Dr	<del></del>
7144.035.	Loxahatchee FI 33470	•
laving been na nis certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment of	rocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
		08/20/12
	Required Signature/Registered Agen	t Date
(	Required Signature/Registered Agen	
	cument and affirm that the facts stated herei	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.  08/20/12