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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/18

8

COVER LETTER

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

SUBJECT: Apartment and Household Moving, 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: Joseph Kevin Mabe
Name (Printed or typed)

174 SW colesbury ave
Address

Port St Lucie FL 34953
City, State & Zip

(917) 574-3660
Daytime Telephone number

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 NAME

The name of the corporation shall be: Apartment + Household Movers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Joseph Kevin Mabe
174 S.W. Colesbury Ave
Port St Lucie, FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Moving, commercial + residential contents

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Kevin Mabe
Address: 174 S.W. Colesbury Ave
Port St. Lucie, FL 34953

Name and Title: President
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Joseph Kevin Mabe
Address: 174 SW Colesbury Ave
Port St. Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Same as above
Address:

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

Joseph K Mabe
Required Signature/Registered Agent

1/15/13
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.

Joseph K Mabe
Required Signature/Incorporator

1/15/13
Date

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