

P13000009006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

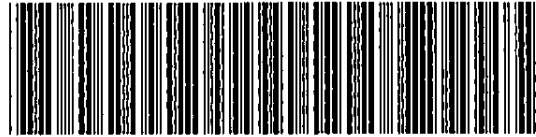
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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INVESTIGATION
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/28
821
80

COVER LETTER

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

SUBJECT: STEVENS HOME IMPROVEMENTS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: STEVEN Hatfield
Name (Printed or typed)

49 MARTE CR.
Address

CROWFORDVILLE FL 32327
City, State & Zip

850-556-8560
Daytime Telephone number

NAILE DRIVER 40 @ YAHOO.COM
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:

STEVEN'S HOME IMPROVEMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

49 MARIE CR
CRAWFORDVILLE
FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN HATFIELD

Address: 49 MARIE CR
CRAWFORDVILLE
FL 32327

Name and Title:

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: STEVEN HATFIELD
Address: 49 MARIE CR
CRAWFORDVILLE FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN HATFIELD
Address: 49 MARIE CR
CRAWFORDVILLE FL 32327

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TALLAHASSEE FLORIDA

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

Steven Hatfield

Required Signature/Registered Agent

1-28-13

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.

Steven Hatfield

Required Signature/Incorporator

1-28-13

Date