

P13000028003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

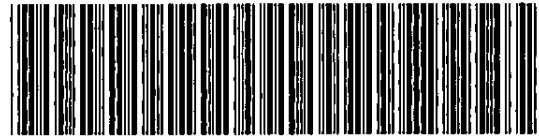
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W13-13884

Office Use Only



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## COVER LETTER

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

SUBJECT: \_\_\_\_\_

ProMasters 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: \_\_\_\_\_

Cody Williams

Name (Printed or typed)

2813 NW 63<sup>rd</sup> Ave

Address

Margate, FL 33063

City, State & Zip

954-210-0023

Daytime Telephone number

ProMasters, inc@gmail.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

March 8, 2013

CODY WILLIAMS  
6730 WINFIELD BLVD  
MARGATE, FL 33063

SUBJECT: PROMASTER INC.  
Ref. Number: W13000013884

We have received your document for PROMASTER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00005627

**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: ProMasters Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6730 Winfield Blvd

Margate, FL

33063

Mailing address, if different is:

2813 NW 63rd Ave.

Margate, FL

33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HandyMan Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Cody Williams Pres. Name and Title: \_\_\_\_\_

Address: 6730 Winfield Blvd Address: \_\_\_\_\_  
Margate, FL 33063

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Cody Williams

Address:

2813 NW 63<sup>rd</sup> Ave  
Margate, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Cody Williams

Address:

2813 NW 63<sup>rd</sup> Ave  
Margate, FL 33063

*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*

Cody Williams  
Required Signature/Registered Agent

3/18/2013  
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.*

Cody Williams  
Required Signature/Incorporator

3/18/2013  
Date