

P/3000055727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

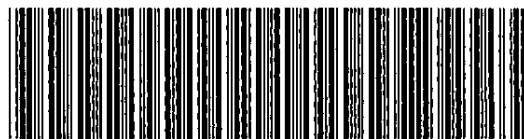
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249256950

06/27/13--01009--012 **78.75

FILED
13 JUN 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 07/01/13

COVER LETTER

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

SUBJECT: ARCHITECTURAL HOME, Co.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Fred Russell
Name (Printed or typed)

5025 Shore Drive
Address

St. Augustine, Fl. 32086
City, State & Zip

904-797-9189
Daytime Telephone number

russellf@bellsouth.net
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: Architectural Home, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5025 Shore Drive

St. Augustine

Florida, 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: home construction and repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fred Russell

Name and Title: _____

Address 5025 Shore Drive

Address: _____

St. Augustine

Florida, 32086

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 JUN 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Fred Russell

Address: 5025 Shore drive

St. Augustine, Fl. 32086

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Fred Russell

Address: 5025 Shore drive

St. Augustine, Fl. 32086

RECEIVED
TALLAHASSEE, FLORIDA
13 JUN 27 AM 9:39
516571

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

Fred Russell
Required Signature/Registered Agent

6/25/13
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.

Fred Russell
Required Signature/Incorporator

6/25/13
Date