

P13000060256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

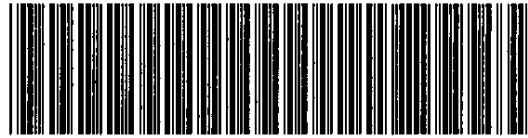
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13 JUL 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Clemons Home Improvement 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: Ronald Clemons

Name (Printed or typed)

2815 NW Pine Ave #6

Address

Ocala, FL 34475-2661

City, State & Zip

352-425-7742

Daytime Telephone number

Ronaldclemons@hotmail.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: Clemons Home Improvement Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2815 NW Pine Ave #6

Ocala, FL 34475-2661

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For all legal business in the state of FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Clemons, President Name and Title:

Address 2815 NW Pine Ave #6 Address:

Ocala, FL 34475-2661

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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(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: Ronald Clemons
Address: 2815 NW Pine Ave #6
Ocala, FL 34475-2661

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Clemons
Address: 2815 NW Pine Ave #6
Ocala, FL 34475-2661

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

Ronald Clemons 7/15/13
Required Signature/Registered Agent 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.

Ronald Clemons 7/15/13
Required Signature/Incorporator Date