

PN100010143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

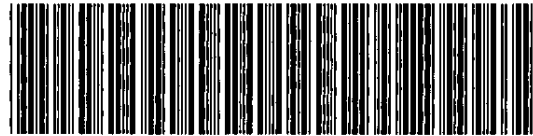
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 29 PM 4:03

2-4-14

COVER LETTER

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

SUBJECT: REMODELING & FLOORING PROS, 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: LOREDANA WOLLETT
Name (Printed or typed)

7287 LAWN TENNIS LN.
Address

JACKSONVILLE, FL 32277
City, State & Zip

904-476-3639
Daytime Telephone number

wolletlo@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: REMODELING & FLOORING PROS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7287 LAWN TENNIS LN
JACKSONVILLE, FL 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REMODELING AND FLOORING
services.

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ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOREDANA WOLLETT, President

Address 7287 LAWN TENNIS LN.
JACKSONVILLE, FL
32277

Name and Title: ALEJANDRO SALGADO, VICE PRESIDENT

Address 7287 LAWN TENNIS LN.
JACKSONVILLE, FL
32277

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: LOREDANA WOLLETT
Address: 7287 LAWN TENNIS LN.
JACKSONVILLE, FL 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOREDANA WOLLETT
Address: 7287 LAWN TENNIS LN
JACKSONVILLE, FL 32277

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

Required Signature/Registered Agent

1/27/2014
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.

Required Signature/Incorporator

1/27/2014
Date