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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 12 AM 9:50

2/14/14

**COVER LETTER**

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

**SUBJECT: Absolute Quality Renovations 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: William Daniel Bocook**

Name (Printed or typed)

**3016 West University Avenue**

Address

**Gainesville, Florida 32607**

City, State & Zip

**(352)318-6107**

Daytime Telephone number

**Dbocooksr@gmail.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: Absolute Quality Renovations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3016 West University Avenue  
Gainesville, Florida 32607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To sell products and provide installation  
of these products such as but not limited to kitchen and bathroom cabinetry,  
marble and granite counter tops, tile, hardwood flooring, trim carpentry,  
painting, drywall, and any other interior home renovations.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: William Daniel Bocook (President)

Address: 3016 West University Avenue  
Gainesville, Florida 32607

Name and Title: Tracy Ann Fowler (Vice President)

Address: 3016 West University Avenue  
Gainesville, Florida 32607

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

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

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

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

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

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

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

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: William Daniel Bocook  
Address: 3016 West University Avenue  
Gainesville, Florida 32607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Daniel Bocook  
Address: 3016 West University Avenue  
Gainesville, Florida 32607

*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

2-9-2014  
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

2-9-2014  
Date