

PH000040620

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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FILED
14 MAY - 7 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6914-25447



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAY -7 AM 11:50

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

April 22, 2014

MATTHEW JOHN MURPHY
1561 SE 24TH TERR
POMPANO BEACH, FL 33062

SUBJECT: ALL ASPECTS HOME SOLUTIONS, INC.
Ref. Number: W14000025447

We have received your document for ALL ASPECTS HOME SOLUTIONS, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 714A00008578

ARTICLE 2 OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

All Aspects Home Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1561

S.E. 24th Terr.

Pompano Beach, Fl. 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All aspects of damage remediation and home renovation.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

MM

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew J. Murphy-Owner/President

Name and Title: _____

Address

1561 S.E. 24th Terr.

Address: _____

Pompano Beach, Fl. 33062

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: Matthew J. Murphy
Address: 1561 S.E. 24th Terr.
Pompano Beach, Fl. 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew J. Murphy
Address: 1561 S.E. 24th Terr.
Pompano Beach, Fl. 33062

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

Matthew J. Murphy [Signature]
Required Signature/Registered Agent

4/16/2014 5/4/14
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.

Matthew J. Murphy [Signature]
Required Signature/Incorporator

4/16/2014 5/4/14
Date
14 MAY - 7 AM 8:49
STATE OF FLORIDA
TALLAHASSEE
FILED