

P140000043819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

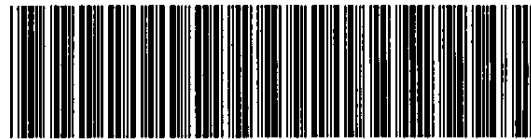
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DIVISION OF CORPORATIONS  
14 MAY 13 PM 3:41

## COVER LETTER

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

SUBJECT: Face Lift Home Improvement Specialist, 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: Garriett Wilkerson  
Name (Printed or typed)

3240 SW 34<sup>th</sup> Apt 1113  
Address

Ocala, FL 34474  
City, State & Zip

(352) 857-5001  
Daytime Telephone number

gta5spd@aol.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: Face Lift Home Improvement Specialist, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11260 NW 14<sup>ST</sup> Ocala Fl  
34482

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Home Renovations

**ARTICLE IV SHARES**

The number of shares of stock is:

2

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

Name and Title: Bryan DeHaven/Director Name and Title:

Address 11260 NW 14<sup>ST</sup> Ocala Address:  
Fl 34482

Name and Title: Garritt Wilkerson/Director Name and Title:

Address 3240 SW 34<sup>th</sup> Apt 1113 Address:  
Ocala, Fl 34474

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

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

18 MAY 13 PM 3:41

NOTARIAL PUBLIC  
DIVISION OF REVENUE  
STATE OF FLORIDA

(cont.)

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: Bryan Dehaven

Address: 11260 NW 14 ST

Ocala FL 34482

**ARTICLE VII INCORPORATOR**

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

Name: Garniett Wilkerson

Address: 3240 SW 34th Apt 1113

Ocala, FL 34474

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

Bryan Dehaven

Required Signature/Registered Agent

4-16-14

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.

Garniett Wilkerson

Required Signature/Incorporator

4-16-14

Date

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DIVISION OF CORPORATIONS