

P140000043927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

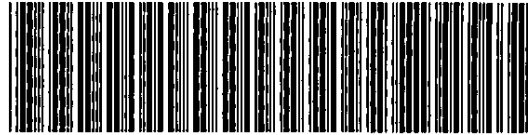
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 PM 4:30

COVER LETTER

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

SUBJECT: Absolute Best Choice Home Improvement & Remodeling, 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: April Cannon
Name (Printed or typed)
6951 Tampico Road South
Address
Jacksonville, FL 32244
City, State & Zip
904-206-6136
Daytime Telephone number
absolutebestchoice@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 Best Choice Home Improvement & Remodeling, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5421 W Beaver Street

Jacksonville, FL 32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James M Ellison/President

Name and Title: _____

Address 1100 Lamarche Drive
Jacksonville, FL 32205

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 14 PM 4:30

(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: April Cannon
Address: 6951 Tampico Road S
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

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

Name: April Cannon
Address: 6951 Tampico Road S
Jacksonville, FL 32244

14 MAY 14 PM 4:30
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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

April Cannon

Required Signature/Registered Agent

4/30/14

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.

April Cannon

Required Signature/Incorporator

4/30/14

Date

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Address: _____

Jacksonville, FL 32205

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

RECEIVED
DIVISION OF CORPORATIONS
14 MAY 14 PM 4:30

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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Address: 6951 Tampico Road S
Jacksonville, FL 32244

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

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Required Signature/Registered Agent

4/30/14

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April Cannon

Required Signature/Incorporator

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