04000019427

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only

B5/14/14



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05/14/14--01007--019 **70.00

14 MAY 14 PM 4: 30

DIVISION OF CHARLES IN STREET, STREET,

COVER LETTER

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

SUBJECT: Absol	ute Best Choice Home		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	
69	951 Tampico Ro		
Ja	cksonville, FL 3	Address 2244 State & Zip	·
90	4-206-6136	elephone number	
ab	solutebestchoic	-)

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)

421 W Be	Principal office Principal street address Paver Street e, Fl 32254	hoice Home Improvement & Remodeling, Inc Mailing address, if different is:		
-		nd all lawful busin	ess	
TICLE IV SE	ARES 10,000		TÇ MAY IL P	DIVISION OF COS
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR ls: James M Ellison/President	S Name and Title:	14 MAY 14 PM 4: 30	DIVISION OF CERPINATION
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	_	It by to	DIVISION OF CORPURATION
TICLE V IN Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTOR James M Ellison/President 1100 Lamarche Drive	Name and Title:Address:	14 PM 4: 30	DIVISION OF CERPORAL PROPERTY OF THE PROPERTY
TICLE V IN Name and Tit Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title:	14 PM 4: 30	
Name and Tit Address Name and Titl Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title: Address:	14 PM 4: 30	

Name	and Title:	Name and Title:	
Addre	ss	Address:	
ARTICLE VI			
The <u>name and</u>	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 VI	I INCORPORATOR		WISION OF
The <u>name and</u>	address of the Incorporator is:		<u>-</u>
Name:	April Cannon		2 3
Address:	6951 Tampico Road S		
	Jacksonville, FL 32244		Ö
Having been n this certificate,	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place istered agent and agree to act in this capacity	designated in
	acamen	4/30/14	
	Required Signature/Registered Agent	Date	B
I submit this d document to th	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon	true. I am aware that the false information s y as provided for in s.817.155, F.S.	ubmitted in a
	a Course	4/30/1	4
	Required Signature/Incorporator	Di	ite

COVER LETTER

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

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		ADDITIONAL CO	Status OPY REQUIRED
	_	e (Printed or typed)	
	51 Tampico Ro	Address	
Ja	cksonville, FL 3	: : :	
90	City, 14-206-6136	State & Zip	
	Daytime T	elephone number	
<u>ab</u>	solutebestchoic	e@gmail.com	notification)
	- man and and fan a man	- 11. Initial military reports	

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)

	PRINCIPAL OFFICE					
5404 W D	Principal street address Mailing address		Mailing address, it	different i	IS:	
	aver Street			_		
Jacksonville	e, Fl 32254					
ARTICLE III PUT	RPOSE the corporation is organized is: Any an	d all law	ful busine	ess		
					1	DIVISION
					MAY	Sign
					£_	무글
	ADDO				PH	
				4		
The number of shares of	ARES 10,000 f stock is:	·				
					1 4: 30	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	<u></u>			÷.	ではない。
ARTICLE V IN	itial officers and/or director le:_James M Ellison/President	Name and Title:	·		÷.	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	Name and Title:			÷.	
ARTICLE V IN	itial officers and/or director le:_James M Ellison/President	Name and Title:			÷.	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR James M Ellison/President 1100 Lamarche Drive	Name and Title:			÷.	
ARTICLE: V IN Name and Tit Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address:			÷.	
ARTICLE V IN Name and Tit Address Name and Titl	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title:			÷.	
ARTICLE: V IN Name and Tit Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title:			÷.	
ARTICLE V IN Name and Tit Address Name and Titl	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title:			÷.	
ARTICLE V IN Name and Tit Address Name and Titl	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title:			÷.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name and Tit Address Name and Titl Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title: Address:			4: 30	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name and Tit Address Name and Titl Address	James M Ellison/President 1100 Lamarche Drive Jacksonville, FL 32205	Name and Title: Address: Name and Title: Address:			4: 30	

Name an	nd Title:	Name and Title:	
Address	3	Address:	
			,
		·	
ARTICLE VI	REGISTERED AGENT		
The name and F	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	April Cannon		
Address:	6951 Tampico Road S		
	Jacksonville, FL 32244		<u> </u>
			- - - - - - - - - -
ARTICLE VII	INCORPORATOR		DAY DOWN
The name and ad	Idress of the Incorporator is:		
Name:	April Cannon		R E E E E E E E E E E
Address:	6951 Tampico Road S		↓:30
	Jacksonville, FL 32244		0
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at t stered agent and agree to act in this	he place designated in capacity
	Camer	4/3	0/14
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false infor as provided for in s.817.155, F.S.	nation submitted in a
(a Cannon	4/	30/14
	Required Signature/Incorporator		Date