

P140000064047

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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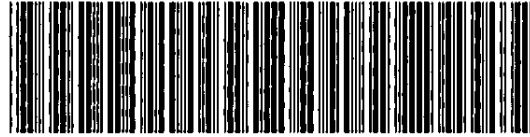
Certified Copies _____ Certificates of Status _____

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JUL 31 2014

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07/30/14--01016--012 **70.00

FILED
14 JUL 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Crews Home Repair Co.
(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: Kimberly Crews
Name (Printed or typed)

8500 PIEDWOOD DR.
Address

St James City FL 33956
City, State & Zip

239-283-1526
Daytime Telephone number

BCREWS51@yahoo.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: CREWS HOME REPAIR CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8500 REDWOOD DR.
St James City FL 33956

Mailing address, if different is:

PO Box 47
St James City FL 33956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation
Construction Company

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

RICHARD CREWS - PRESIDENT + Treasurer

Name and Title:

Address

8500 REDWOOD DR.
St James City FL
33956

Address:

Name and Title:

JOSHUA CREWS - VICE PRESIDENT

Name and Title:

Address

8500 REDWOOD DR.
St James City FL 33956

Address:

Name and Title:

Kimberly CREWS - SECRETARY

Name and Title:

Address

8500 REDWOOD DR.
St James City FL 33956

Address:

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: Kimberly Crews
Address: 8500 Redwood Dr.
St James City FL 33956

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Crews
Address: 8500 Redwood Dr
St James City FL 33956

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

K Crews _____ 7/21/14
Required Signature/Registered Agent 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.

K Crews _____ 7/21/14
Required Signature/Incorporator Date