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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

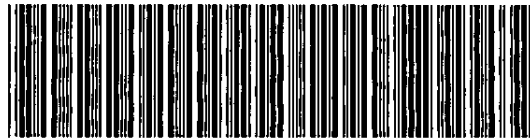
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/06/14--01011--012 **87.50

APPROVED
AND
FILED

14 NOV - 6 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: CURTIS HOMES RESTORATION AND NEW CONSTRUCTION
(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: CURTIS MICHAEL JOHNSON
Name (Printed or typed)

PO BOX 484 4621 FORSYTH ST
Address

BAGDAD, FL 32530
City, State & Zip

850-293-5349
Daytime Telephone number

MICHAEL @ VILLAGE HOMES AND LAND, INC
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:

CURTIS HOMES RESTORATION AND NEW CONSTRUCTION,
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4621 FORSYTH ST

Mailing address, if different is:

PO BOX 484, BAGDAD, FL 32530

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTORATION OF HISTORIC HOMES,
NEW CONSTRUCTION OF INFILL HOMES.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CURTIS JOHNSON - PRES.

Address

4601 FORSYTH ST

PO BOX 721

BAGDAD, FL 32530

Name and Title: THERESA JOHNSON - VP &

Address

4601 FORSYTH ST

PO BOX 721

BAGDAD, FL 32530

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV - 6 PM 3:2

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AND
FILED

APPROVED (cont.)
AND
FILED

14 NOV -6 PM 3:23

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CURTIS MICHAEL JOHNSON
Address: 4601 FORSYTH ST.
BAGDAD, FL 32530

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CURTIS MICHAEL JOHNSON
Address: 4601 FORSYTH ST.
BAGDAD, FL 32530

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

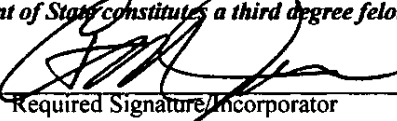


Required Signature/Registered Agent

11/3/14

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.



Required Signature/Incorporator

11/3/14

Date