

P 14 000093051

\_\_\_\_\_  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JP* 11/17/14

## COVER LETTER

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

**SUBJECT: GFM HOME IMPROVEMENTS 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: GLENN F MITCHELL**

Name (Printed or typed)

**25 VOLUSIA DR**

Address

**DEBARY, FL 32713**

City, State & Zip

**407-430-3519**

Daytime Telephone number

**GFMITCHELL461@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FLORIDA

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**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:

**GFM HOME IMPROVEMENTS INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**25 VOLUSIA DR**  
**DEBARY, FL 32713**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**FOR PROFIT HOME IMPROVEMENTS COMPANY.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

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

Name and Title: **GLENN F MITCHELL, PRESIDENT**

Name and Title: **MARGARET J SIMS, VICE PRESIDENT**

Address: **25 VOLUSIA DR**  
**DEBARY, FL 32713**

Address: **267 DELEON ROAD**  
**DEBARY, FL 32713**

85% owner

15% owner

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

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

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

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

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

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

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

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

(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: GLENN F MITCHELL

Address: 25 VOLLUSIA DR

DEBARY, FL 32713

**ARTICLE VII INCORPORATOR**

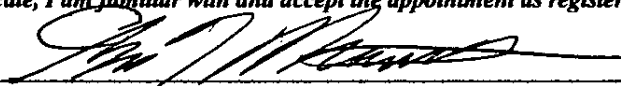
The name and address of the Incorporator is:

Name: MARGARET J SIMS

Address: 267 DELEON ROAD

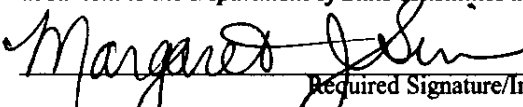
DEBARY, FL 32713

*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

11/12/14  
\_\_\_\_\_  
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

11/12/14  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA