P15090012109

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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01/20/15--01008--013 **78.75

15 FEB -4 PM 7: 06

WS-4976

COVER LETTER

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

SUBJECT: Ivar	n & Son Home In		
	(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	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: L	an Sundman .	e (Printed or typed)	
99	Main street		
		Address	
Se	ebastian fl. 3295		
		, State & Zip	
77	72-713-5527		
	Daytime 7	Telephone number	
gs	sundman@gmail.d		
	E-mail address: (to be use	ed for future annual report	notification)

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



NECCIVED 15 FEB -4 AMII: II

ATOLETA O LA STATE TALLAHASSI EL FLORGA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2015

IVAN SUNDMAN 99 MAIN ST SEBASTIAN, FL 32958

SUBJECT: IVAN AND SON HOME IMPROVEMENT AND CLEANING

Ref. Number: W15000004976

We have received your document for IVAN AND SON HOME IMPROVEMENT AND CLEANING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 015A00001471

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e <i>trcus II - PI</i> 9 main stre	Principal street address		Mailing address, if different is:
ebastian fl.	32958		
RTICLE III PO e purpose for whic Onstruction	RPOSE h the corporation is organized is: Provide Clean up.	small ho	me inprovments and
	· · · · · · · · · · · · · · · · · · ·		
	NITIAL OFFICERS AND/OR DIRECTOR		Betty Sundman sec.
RTTCLE V II	uttal officers and/or director itle: ivan sundman president	_ Name and Title	Betty Sundman sec.
RTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR		*
Name and T Address	ite: ivan sundman president 99 main street sebastian fl. 32958 gregory Sundman v.p.	Name and Title Address:	99 main street sebastian fl. 33958
Name and T Address Name and Ti	irrial officers AND/OR DIRECTOR itle: ivan sundman president 99 main street sebastian fl. 32958 gregory Sundman v.p. 326 king street	Name and Title Address: Name and Title	99 main street sebastian fl. 33958
Name and To Address Name and To Address	irrial officers AND/OR DIRECTOR itle: ivan sundman president 99 main street sebastian fl. 32958 gregory Sundman v.p. 326 king street	Name and Title Address: Name and Title Name and Title Address:	99 main street sebastian fl. 33958 SECRI TARY OF STATE FLORIDA

Name	and Title:	Name and Title:
Addr	ess	Address:
ARTICLE V		
	Florida street address (P.O. Box NOT acceptable) Ivan Sundman	of the registered agent is:
Name: Address:	99 main street	
Aduress:	sebastian fl. 32958	
ARTICLE VI	II INCORPORATOR address of the Incorporator is:	
Name:	Gregory Sundman	
Address:	326 king street	
1100.000	sebastian fl. 32958	
Having been nothis certificate,	, I am familiar with and accept the appointment as i	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity 2/02/2015
	Required Signature/Registered Agent	Date
I submit this d document to th	iocument and affirm that the facts stated herein a the Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
1	Munden	2/02/2015
- /	Required Signature/Incorporator	Date

FILED

15 FEB -4 PH 7: 06

SECRETARY OF STATE
TALLAHASSEE PLORIDA