

P15000014503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

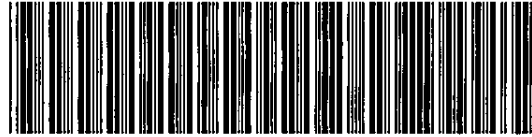
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/15--01029--004 **87.50

15 FEB -6 PM 3:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 2/12

COVER LETTER

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

SUBJECT: Homeworks Design Build Inspect 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Eric Rowland
Name (Printed or typed)

639 Orange St. N.
Address

Ozona, FL 34683
City, State & Zip

727 430-0293
Daytime Telephone number

calvindoyle@gmail.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: Homeworks Design Build Inspect Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

639 Orange Street N.

Ozona, FL 34683

Mailing address, if different is:

P.O. Box 753

Tarpon Springs, FL 34688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction and insurance inspections

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Rowland, Pres./ Treasurer

Address: 639 Orange Street N.
Ozona, FL 34683

Name and Title: Calvin Doyle, V.P./ Secretary

Address: 31 Cypress Dr.
Palm Harbor, FL 34684

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Calvin Doyle
Address: 31 Cypress Dr.
Palm Harbor, FL 34684

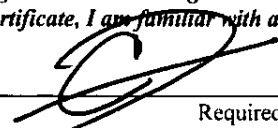
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eric Rowland
Address: 639 Orange Street N
Ozona, FL 34683

15 FEB -6 PM 3:37
STATE
DEPARTMENT OF
CORPORATIONS
FLORIDA

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

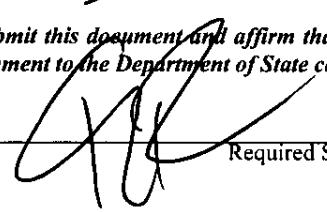


Required Signature/Registered Agent

1/25/2015

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

1/25/2015

Date