

P15000024174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

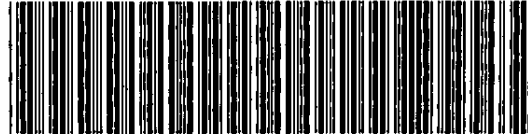
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W15-14717

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02/27/15--01011--004 \*\*87.50

15 MAR 12 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

11/17

## COVER LETTER

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

SUBJECT: Property Improvement Pros, 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: Travis Jenkins  
Name (Printed or typed)

123 Cooper Ct.  
Address

Orlando, FL 32835  
City, State & Zip

321-946-5413  
Daytime Telephone number

PropertyImprovementPros1@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2015

TRAVIS JENKINS  
123 COOPER CT.  
ORLANDO, FL 32835

SUBJECT: PROPERTY INVESTMENT PROS, INC.  
Ref. Number: W15000014717

We have received your document for PROPERTY INVESTMENT PROS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00004230

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Property Improvement Pros, Inc. 15 MAR 12 PM 5:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT  
TALLAHASSEE, FLORIDA

123 Cooper Ct.  
Orlando, FL 32835

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct residential and  
Commercial maintenance services such as property repairs  
as well as painting services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Travis Jenkins, President Name and Title: \_\_\_\_\_

Address 123 Cooper Ct. Address: \_\_\_\_\_  
Orlando, FL 32835

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

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

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

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

APPROVED  
AND  
FILED

(cont.)

15 MAR 12 PM 5:18

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Travis Jenkins

Address: 123 Cooper Ct

Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Travis Jenkins

Address: 123 Cooper Ct.

Orlando, FL 32835

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

Travis Jenkins

Required Signature/Registered Agent

2/20/2015

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.

Travis Jenkins

Required Signature/Incorporator

2/20/2015

Date