

P15000065540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

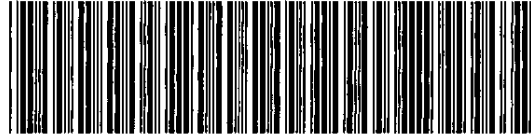
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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8/6/15

COVER LETTER

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

SUBJECT: Lee Johnson Finish Carpenter, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lee A Johnson
Name (Printed or typed)

9071 S. Tamiami Trail. #40
Address

S. Venice, FL 34293
City, State & Zip

941 786 5445
Daytime Telephone number

Leelbop@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: Lee Johnson Finish Carpenter, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9071 S. Tamiami Trail, #40
S. Venice, FL 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide skilled carpentry services to
residential and commercial clients.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lee Johnson, Owner Name and Title: _____

Address 9071 S. Tamiami Address: _____
Trail, #40
S. Venice, FL 34293

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
CORPORATION DIVISION

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: Lee Johnson
Address: 9071 S. Tamiami Trail, #40
S. Venice, FL 34293

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lee Johnson
Address: 9071 S. Tamiami Trail, #40
S. Venice, FL 34293


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/25/15
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 7/25/15
Date