15000088241

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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10/23/15--01008--027 **87.50

EFFECTIVE DATE 10/24/15

COVER LETTER

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

SUBJECT: Republic	c Installs and Repairs Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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;		e (Printed or typed)	
121	8 2nd Street North	Address	
Jac	ksonville Beach, Florida 32250	address.	
*******	City,	State & Zip	
850	-284-5228		
	Daytime T	elephone number	
bak	erdonnarepublic@gmail.com		
	E-mail address: (to be use	d for future annual report r	notification)

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

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

ARTICLE I NAM The name of the corpo		air Inc.		7F0R
•	NCIPAL OFFICE Principal street address	Maili	ng address, if different is:	ORATIONS
Jacksonville Beach,				
,	to provential and light commercial sites for profit.	 	painting, specialized installati	ons,
ARTICLE IV SHA	IRES of stock is: TIAL OFFICERS AND/OR DIRECTORS	<u> </u>		
Name and T	Donna Baker- President	-	Littlefield- Vice-President	
Address	1218 2nd Street North	Address: 1218	3 2nd Street North	
	Jacksonville Beach, FL 32250	Jack	sonville Beach, FL 32250	
Name and Ti	Donna Baker- Treasurer	Name and Title:		
Address	1218 2nd Street North			
	Jacksonville Beach, FL 32250			
Name and Ti				
,	tle:	Name and Title:		
Address	ile:			

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Donna Baker		
Address:	1218 2nd Street North		
	Jacksonville Beach, FL 32250	 ن	
ARTICLE VII	INCORPORATOR		1
The <u>name and</u>	address of the Incorporator is:	S 3	.=
Name:	Donna Baker		i-
Address:	1218 2nd Street North	9RATE 9RATE	i !
	Jacksonville Beach, FL 32250	02 TIOKS	
Effective date, i (If an effective days after the Note: If the da	filing.) te inserted in this block does not meet the appl	cannot be more than five business days prior or 90 business icable statutory filing requirements, this date will not be listed as	
Having been no	effective date on the Department of State's rec amed as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
	Druc Bater	10/20/2015	
Required Signature/Registered Agent		nt Date	
	ocument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a e felony as provided for in s.817.155, F.S.	
	Dona Bake	10/20/2015	
Requ	uired Signature/Incorporator	Date	