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CAPITAL CONNECTION, INC 417 E. Virginia Street, Suite t • Tallahassee, Florida 32 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1	2301
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Set Apart Remodeling Inc	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cen. Copy
	Photo Copy
	Certificate of Good Standing
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ARTICLE II PRIN	CIPAL OFFICE				}		
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Altamonte	Springs,		<u> </u>				
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Address	·	Address:	

<u>AR1</u>	<u> TIÇLE</u>	VI_	<u>REGISTER</u>	<u>ED AGENT</u>					
			Florida street		Box NOT	acceptable)	of the re	egistered	agent is:

Name:	Kenneth T. Santy I	
Address:	608 Alhambra Ave	
	Altamonte Springs Fl. 32710	4

ARTICLE VII INCORPORATOR

The name and ad	dress of the Incorporator is:	
Name:	Kenneth T. Sonty #	
Address:	608 Alhambra Ave	
	Altamonte Springs Fl	32714

<u>ARTICLE VIII EFFECTIVE DATE:</u>	
Effective date, if other than the date of filing: $1 - 1 - 2016$ (OPTIONAL)	
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 busin	ess
days after the filing.)	

<u>Note:</u> 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

into

Required Signature/Registered Agent

11-7-2015 Date

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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.

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<u>11 - 7 - 20</u>15 Date

Required Signature/Incorporator

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