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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

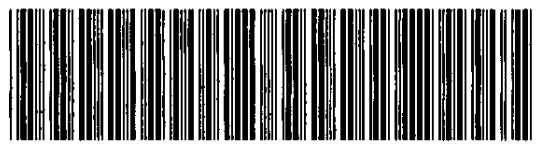
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 26 PM 1:02

h 03/03/16

COVER LETTER

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

SUBJECT: ASAP Home Services 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: David Willard
Name (Printed or typed)

13520 Forest Lake Drive
Address

Largo, Florida 33771
City, State & Zip

(727) 501-3248
Daytime Telephone number

5187218@msn.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: ASAP Home Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13520 Forest Lake Drive
Largo, Florida
33771

Mailing address, if different is:
802 14th Ave S.W.
Largo, Fl.
33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all
lawful business.

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THE
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THE
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COUNTY
FLORIDA
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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President David Willard</u>	Name and Title: <u>Hope Orasi President Vice President</u>
Address: <u>13520 Forest Lake Drive</u>	Address: <u>802 14th Ave S.W.</u>
<u>Largo, Florida</u>	<u>Largo, Fl.</u>
<u>33771</u>	<u>33770</u>

Name and Title: David Willard <u>David Willard</u> Treasurer	Name and Title: _____
Address: <u>13520 Forest Lake Drive</u>	Address: _____
<u>Largo, Florida</u>	_____
<u>33771</u>	_____

Name and Title: <u>Hope Orasi Secretary</u>	Name and Title: _____
Address: <u>802 14th Ave S.W.</u>	Address: _____
<u>Largo, Fl.</u>	_____
<u>33770</u>	_____

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: David Willard
 Address: 13520 Forest Lake Drive
Largo, FL 33771

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ARTICLE VII INCORPORATOR

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

Name: David Willard
 Address: 13520 Forest Lake Drive
Largo, FL 33771

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

David Willard _____ 2-11-16
 Required Signature/Registered Agent 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.

David Willard _____ 2-11-16
 Required Signature/Incorporator Date