

P/6000029539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

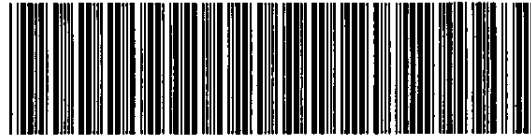
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16 APR -11 PM 3:37

W16-021683

04/04/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

ANGEL R. HERNANDEZ
358 MARION OAKS DR.
OCALA, FL 34473

SUBJECT: CUSTOM WORKZ INC.
Ref. Number: W16000021683

We have received your document for CUSTOM WORKZ INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 516A00005959

COVER LETTER

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

SUBJECT: Custom Workz 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: Angel Rafael Hernandez

Name (Printed or typed)

358 Marion Oaks Drive

Address

Ocala Florida 34473

City, State & Zip

352-497-3773

Daytime Telephone number

anskilove@yahoo.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: Custom Workz Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

358 Marion Oaks Drive

P.O. Box 770553

Ocala, FLorida 34473

Ocala FL 34477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New Construction And Re modeling work, Metal Fabrication

Retail Sales and Installation. Wood Flooring, Tile and Marble flooring and walls, Painting, drywall, trim, masonry work

framing, window installation, cabinets, ornamental rails, carpet, wood work,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel R Hernandez President

Name and Title: _____

Address

5547 SW 39th St

Address: _____

Ocala Florida 34474

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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CORPORATIONS
15 APR - 11 PM 3:37

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: Angel R Hernandez
Address: 5547 SW 39th ST
Ocala FL 34474

ARTICLE VII INCORPORATOR

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

Name: Angel R Hernandez
Address: 5547 SW 39th St
Ocala Florida 34474

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
Date 03.31.2016

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
Date 03.31.2016

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DIVISION OF CORPORATIONS
16 APR -4 PM 3:37