

P16000033235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

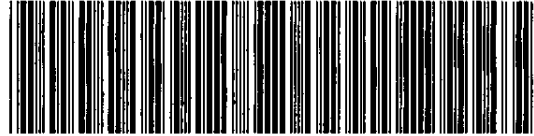
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: C&N 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Chad D Shulters

Name (Printed or typed)

11250 Wood Owl AVE

Address

Weeki Wachee, FL 34614

City, State & Zip

352-232-1669

Daytime Telephone number

cnhomeservices@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: C&N Home Services, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11250 Wood Owl AVE

Weeki Wachee, FL 34614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in lawful act or activity, for which a corporation

is organized under General Corporate laws of Florida, other then the banking business, the trust business, or

the practice of profession permitted to be incorporated by Florida Corporations Code.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chad D Shulters/President

Name and Title: Nicole M Shulters/Vice President

Address 11250 Wood Owl AVE

Address: 121 Dylan DR

Weeki Wachee, FL 34614

Hohenwald, TN 38462

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FLORIDA
11 PM 4:32

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: Chad D Shulters _____

Address: 11250 Wood Owl AVE _____

Weeki Wachee, FL 34614 _____

ARTICLE VII INCORPORATOR

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

Name: Chad D Shulters _____

Address: 11250 Wood Owl AVE _____

Weeki Wachee, FL 34614 _____

SECRET
TALLAHASSEE, FLORIDA
APR 11 PM 4:22

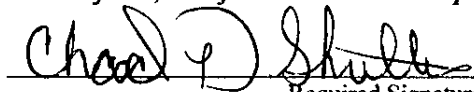
ARTICLE VIII EFFECTIVE DATE:

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

04/06/2016

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

04/06/2016

Date