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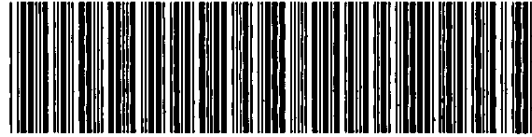
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

Department of State
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RECEIVED
DIVISION OF CORPORATIONS
16 MAY -4 PM 12:39

SUBJECT: J.H. Carvings, 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: Mary Homan

Name (Printed or typed)

2850 Willow Bay Terrace

Address

Casselberry, FL 32707

City, State & Zip

407-716-7900

Daytime Telephone number

mj@orgdynconsulting.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: J.H. Carvings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

2753 Good Road

2850 Willow Bay Terrace

Orrville, OH, 44667

Casselberry, FL, 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell Art (Wood Carvings).

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Homan, President

Name and Title: Marjorie Homan, Vice President

Address 2753 Good Road

Address: 2753 Good Road

Orrville, OH, 44667

Orrville, OH, 44667

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Mary Homan
Address: 2850 Willow Bay Terrace
Casselberry, FL 32707

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ARTICLE VII INCORPORATOR

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

Name: Mary Homan
Address: 2850 Willow Bay Terrace
Casselberry, FL 32707

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

Mary Homan 5/1/2016
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.

Mary Homan 5/1/2016
Required Signature/Incorporator Date