

P16000093043

(Requestor's Name)

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(City/State/Zip/Phone #)

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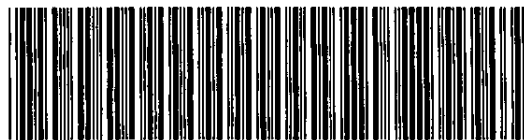
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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11/23/16

COVER LETTER

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

SUBJECT: American Mobile 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: Mikel O Chaffee Jr
Name (Printed or typed)

4007 73rd Terrace East
Address

Sarasota FL 34275
City, State & Zip

941-780-3299
Daytime Telephone number

mchaffee5454@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: American Mobile Home Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

4007 73rd Terrace East
Sarasota FL 34236

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mobile home set up

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mikel O. Chaffee, Jr.

Name and Title: _____

Address: President

Address: _____

4007 73rd Terrace East

Sarasota FL 34236

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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NOV 21 PM 2:15
TAMPA FL

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: Mike Chaffee
Address: 4007 73rd Terrace East
Sarasota FL 34236

ARTICLE VII INCORPORATOR

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

Name: Mike Chaffee
Address: 4007 73rd Terrace East
Sarasota FL 34236

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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 days prior or 90 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

Mike Chaffee
Required Signature/Registered Agent

11/17/16
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.

Mike Chaffee
Required Signature/Incorporator

11/17/16
Date