

P16000100261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

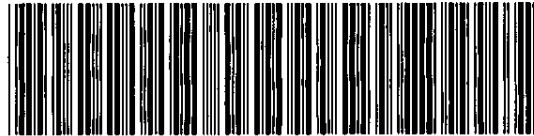
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/23/16--01002---002 **75.00

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16 DEC 22 PM 2:00
DEPARTMENT OF STATE
16 DEC 22 PM 3:26

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DEC 22 2016

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COVER LETTER

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

SUBJECT: Installs Done Right 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: Corinna Avila
Name (Printed or typed)

3975 Lake View Dr.
Address

Tallahassee, FL 32310
City, State & Zip

850 274-4857
Daytime Telephone number

CorinnaAvila40@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: Installs Done Right INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3375 Lakeview Dr
Tallahassee FL 32310

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LABOR WORK

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MGR

Name and Title:

Corinna Avila

Address

3375 Lakeview Dr
Tallahassee FL
32310

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 FEB 22 PM 2:00
TALLAHASSEE FL 32310

Name and Title: _____ Name and Title: 16 DEC 22 PM 2:00

Address: _____ Address: SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corinna Arila
Address: 3375 Lakeview Dr
Tallahassee FL 32310

ARTICLE VII INCORPORATOR

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

Name: Corinna Arila
Address: 3375 Lakeview Dr
Tallahassee, FL 32310

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

X Corinna Arila
Required Signature/Registered Agent

12/22/16
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.

X Corinna Arila
Required Signature/Incorporator

12/22/16
Date