

P/7000026/86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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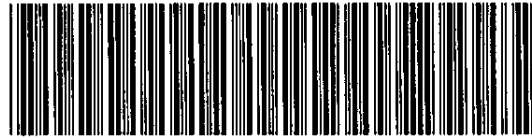
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/23/17

COVER LETTER

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

SUBJECT: Hardwood Experts, 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: James S Schutt

Name (Printed or typed)

6800 Gulfport Blvd S #206

Address

St Petersburg, FL 33707

City, State & Zip

727-542-0882

Daytime Telephone number

sstennis454@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: Hardwood Experts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6800 Gulfport Blvd S #206
St. Petersburg, FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dometic Workers-Residences-P.A.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James S Schutt, P Name and Title: _____

Address 6800 Gulfport Blvd S #206 Address: _____
St. Petersburg, FL 33707

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: James S Schutt
Address: 6800 Gulfport Blvd S #206
St. Petersburg, FL 33707

ARTICLE VII INCORPORATOR

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

Name: James S Schutt
Address: 6800 Gulfport Blvd S #206
St. Petersburg, FL 33707

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TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent
20MAR2017
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
20MAR2017
Date