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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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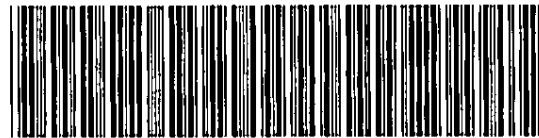
(Business Entity Name)

(Document Number)

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17 JUL 20 AM 9:24
STATE
FLORIDA

07/21/17

COVER LETTER

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

SUBJECT: EXACT INSTALLATIONS 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: MICHAEL D. CHRISTOFFEL
Name (Printed or typed)

8780 GRANADA BLVD.
Address

ORLANDO, FLORIDA, 32836
City, State & Zip

407-360-6413
Daytime Telephone number

mickchristoffel@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: EXACT INSTALLATIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8780 GRANADA BLVD.
ORLANDO, FLORIDA, 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSTALLATION OF
FLOORING, - CARPET, TILE, WOOD.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL D. CHRISTOFFEL Name and Title: _____

Address 8780 GRANADA BLVD. Address: _____
ORLANDO, FLA. 32836
PRESIDENT

Name and Title: MICHAEL J. CHRISTOFFEL Name and Title: _____

Address 8780 GRANADA BLVD. Address: _____
ORLANDO, FLA. 32836
VICE PRESIDENT

Name and Title: ROBERT J. CHRISTOFFEL Name and Title: _____

Address ORLANDO, FLA. 32836 Address: _____
8780 GRANADA BLVD.
DIRECTOR

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: MICHAEL D. CHRISTOFFEL

Address: 8780 GRANADA BLVD.
ORLANDO, FLA. 32836

ARTICLE VII INCORPORATOR

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

Name: MICHAEL D. CHRISTOFFEL

Address: 8780 GRANADA BLVD.
ORLANDO, FLA. 32836

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DEPT OF STATE
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

Michael D. Christoffel
Required Signature/Registered Agent

7-19-2017
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.

Michael D. Christoffel
Required Signature/Incorporator

7-19-2017
Date