

P170000 68043

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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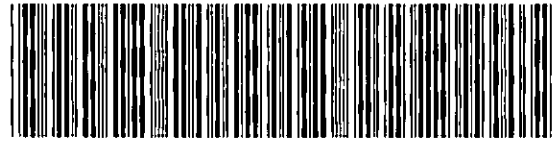
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: STEVEN'S Home Improvements
(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: STEVEN HATFIELD
Name (Printed or typed)

49 MARIE CR.
Address

CRAWFORDVILLE FL 32327
City, State & Zip

850-556-8560
Daytime Telephone number

NGILE DRIVER 40@YOOHO.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: STEVEN'S HOME IMPROVEMENTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
49 MARIE CR

Mailing address, if different is:

SAME

CRAWFORDVILLE

FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOME IMPROVEMENTS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN ARFIELD

Name and Title: _____

Address: 49 MARIE CR

Address: _____

CRAWFORDVILLE

FL 32327 Pres.

Name and Title: MATTHEW LEVI JENKINS

Name and Title: _____

Address: 49 MARIE CR

Address: _____

CRAWFORDVILLE, FL 32327

V.P.

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF COURT
JANUARY 1, 2008

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: STEVEN HATFIELD

Address: 49 MARIE CR.

CRAWFORDVILLE FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN HATFIELD

Address: 49 MARIE CR.

CRAWFORDVILLE FL 32327

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-14-17 (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

Steven Hatfield
Required Signature/Registered Agent

8-14-17
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.

Steven Hatfield
Required Signature/Incorporator

8-14-17
Date