## P1700007/155

•				
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to I	Filing Officer:			
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Office Use Only



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**Division of Corporations** 

Department of State

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Bailey Home Repair Inc Florida Document Number P15000026228

Dear Department:

It has come to my attention that my corporation has been dissolved on Sunbiz for non filing.

At this time I would ask the department to release my florida document number P15000026228 for Bailey Home Repair Inc.

Further I am enclosing new articles that I would ask the department to process for me at this time.

Thanking you for your assistance with these matters.

Sincerely

James Pethers, president
June 15 Pulls

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## **COVER LETTER**

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

SUBJECT: BAILEY	Y HOME REPAIR INC		
3000ECT	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cop & Certificate Status
		ADDITIONAL CO	PY REQUIRED
55 A A	MES PETHERS Name	e (Printed or typed)	
206.	21 COUNTRY WALK WAY		
		Address	
EST	ERO, FL 33928		
	Čity,	State & Zip	
810	-834-1154		
	Daytime T	Celephone number	
PET	HERSJP@AOL.COM		
	E-mail address: (to be use	d for future annual report r	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 [IPRI	CIPAL OFFICE			
	Principal street address	Mai	iling address, if different is:	
20621 COUNTRY W	ALK WAY			
ESTERO, FL 33928		SAME		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PUR The purpose for which	POSE n the corporation is organized is:ANY AN	D ALL LAWFUL BUS	INESS PERTAINING TO	
CONSULTING SER				
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The number of shares	of stock is:	PER SH/		
The number of shares  ARTICLE V INIT	of stock is:			
The number of shares  ARTICLE V INIT  Name and Ti	JAMES PETHERS, PRESIDENT	Name and Title:		
The number of shares  ARTICLE V INIT	JAMES PETHERS, PRESIDENT	Name and Title:		
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The number of shares  ARTICLE V INIT  Name and Ti  Address	IAL OFFICERS AND/OR DIRECTORS  JAMES PETHERS, PRESIDENT  20621 COUNTRY WALK WAY  ESTERO, FL 33928	Name and Title: Address:		
The number of shares  ARTICLE V INIT  Name and Ti  Address	IAL OFFICERS AND/OR DIRECTORS  JAMES PETHERS, PRESIDENT  20621 COUNTRY WALK WAY	Name and Title: Address:		
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The number of shares  ARTICLE V INIT  Name and Ti  Address  Name and Tit  Address	IAL OFFICERS AND/OR DIRECTORS  JAMES PETHERS, PRESIDENT  20621 COUNTRY WALK WAY  ESTERO, FL 33928	Name and Title: Address: Name and Title: Address: Name and Title:		
The number of shares  ARTICLE V INIT  Name and Ti  Address  Name and Tit  Address	JAL OFFICERS AND/OR DIRECTORS  JAMES PETHERS, PRESIDENT  20621 COUNTRY WALK WAY  ESTERO, FL 33928	Name and Title: Address: Name and Title: Address: Name and Title:		

Name ar	nd Title:	Name and Title:	<del> </del>
Address	S	Address:	
	REGISTERED AGENT	Notes to the second	
Name:	lorida street address (P.O. Box NOT acceptable JAMES PETHERS	e) of the registered agent is:	
Address:	20621 COUNTRY WALK WAY		=
	ESTERO, FL 33928	<u> </u>	17 AU
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		PAUG 23 AM III 3
The name and a	ddress of the Incorporator is:		
Name:	JAMES PETHERS		II: 38 SIAIE LORIDA
Address:	20621 COUNTRY WALK WAY		18 10 A
	ESTERO, FL 33928		
Effective date, if (If an effective of filing.)  Note: If the date	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and can expected in this block does not meet the application of the date on the Department of State's reconstruction.	nnot be more than five days pr ble statutory filing requirements	ior or 90 days after the
Having been na	med as registered agent to accept service of procam familiar with and accept the appointment as  Required Signature/Registered Agent	cess for the above stated corpore	
document to the	cument and affirm that the facts stated herein to pepartment of State constitutes a third degree for the Signature/Incorporator		