

PI 8000030014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 02 2018

COVER LETTER

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

SUBJECT: A & D Remodeling and Repairs, 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: Adam Bardhi
Name (Printed or typed)

1000 Thomasville Rd
Address

Tallahassee Florida 32303
City, State & Zip

(850) 212-4364
Daytime Telephone number

AdamBardhi@hotmail.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: A + D Remodeling and Repairs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1000 Thomasville Rd
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Full service Construction
& Repairs

ARTICLE IV SHARES

The number of shares of stock is: 100 One hundred.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Adam Bardhi - President</u>	Name and Title:	<u>David Gevawer ^{VIP}</u>
Address	<u>1000 Thomasville Rd</u> <u>Tallahassee FL 32303</u>	Address:	<u>1000 Thomasville Rd</u> <u>Tallahassee FL 32303</u>

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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2018 APR - 2 AM 9:49
SECRETARY OF STATE
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: Anthony McKinney
Address: 3700 Capital Circle, SE 707
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony McKinney
Address: ~~3700 Capital~~ P.O. Box 6304
Tallahassee FL 32314

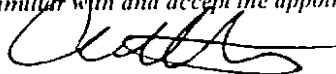
ARTICLE VIII EFFECTIVE DATE:

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



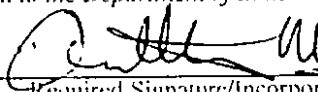
Anthony McKinney

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Required Signature/Registered Agent

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.



Anthony McKinney

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Required Signature/Incorporator

Date