

3/29/2018

Division of Corporations

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Division of Corporations
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To:
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From:
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Phone : (305)634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SAWGRASS FLOORS AND MORE INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

*Please file
on the day
that was fax
3/29/18*

2018 MAR 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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APR 09 2018

K Brumbley



April 06, 2018

CORP USA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: SAWGRASS FLOORS & MORE INC.
REF: W18000030812

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

FAX Aud. #: H18000101185
Letter Number: 118A00006458

P.O BOX 6327 - Tallahassee, Florida 32314

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H18000101185

COVER LETTER

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

SUBJECT: SAWGRASS FLOORS AND MORE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: JOHN ARNETT
Name (Printed or typed)
SAWGRASS FLOORS AND MORE INC.
Address
5401 NW 102nd AVE #148, SUNRISE, FL 33351
City, State & Zip
(954) 605-0014
Daytime Telephone number
john@sawgrassfloors.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: SAWGRASS FLOORS & MORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5401 NW 102nd AVENUE, #148

SAME

SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ESTABLISH NEW BUSINESS ENTITY FOR THE SALE OF BATHROOM REMODELING TO INCLUDE FIXTURES

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN ARNETT PRES/OWNER

Address 5401 NW 102ND AVE, #148

SUNRISE, FL 33351

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2018 MAR 29 AM 11:11
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: JOHN ARNETT
Address: 5401 NW 102ND AVE, #148
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN ARNETT
Address: 5401 NW 102ND AVE, #148
SUNRISE, FL 33351

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

[Signature]
Required Signature/Registered Agent

04/06/18

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.

[Signature]
Required Signature/Incorporator

04/06/18

Date