

P18 000 35666

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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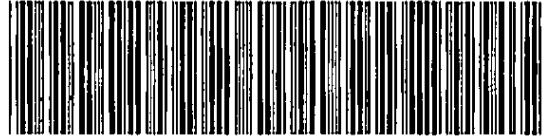
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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2018 APR 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: ATD HOME RESTORATIONS 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 ☐ \$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: JUSTIN ECHEVERRY

Name (Printed or typed)

1082 DORWINION DR

Address

JACKSONVILLE FL 32225

City, State & Zip

904-704-8806

Daytime Telephone number

JAYHUCKLEBUCK@YAHOO.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

ATD HOME RENOVATIONS INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1082 DORWINION DR

JACKSONVILLE FL 32225

ARTICLE III PURPOSE

PAINTING CONTRACTOR
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUSTIN ECHEVERRY PRES

Name and Title: _____

Address 1082 DORWINION DR

Address: _____

JACKSONVILLE FL 32225

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2018 APR 17 AM 11:22
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: JUSTIN ECHEVERRY _____

Address: 1082 DORWINION DR _____

JACKSONVILLE FL 32225 _____

ARTICLE VII INCORPORATOR

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

Name: JUSTIN ECHEVERRY _____

Address: 1082 DORWINION DR _____

JACKSONVILLE FL 32225 _____

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.)

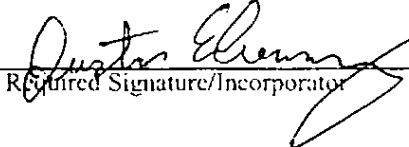
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

11/12/18
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.


Required Signature/Incorporator

4/12/18
Date