

P19000043916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

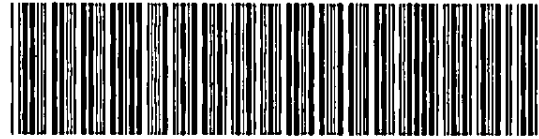
Special Instructions to Filing Officer:

Office Use Only

W1900042532

MAY 30 2019

7:00 PM



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5:04 PM  
TALLAHASSEE

2019 MAY 17 PM 10:01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2019

CSJ HOME SOLUTIONS, INC.  
621 S.W. HILLSBORO CIRCLE  
PORT ST. LUCIE, FL 34953

SUBJECT: CSJ HOME SOLUTIONS, INC.  
Ref. Number: W19000042532

We have received your document for CSJ HOME SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 919A00008728

2019 MAY 17 4:11:03

## COVER LETTER

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

SUBJECT: CSJ HOME SOLUTIONS,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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: CSJ Home Solutions, Inc.

\_\_\_\_\_  
Name (Printed or typed)

621 SW Hillsboro Circle

\_\_\_\_\_  
Address

Port St. Lucie, FL 34953

\_\_\_\_\_  
City, State & Zip

561-676-8445

\_\_\_\_\_  
Daytime Telephone number

pnpbam@gmail.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: CSJ Home Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

621 SW Hillsboro Circle

Port St. Lucie, FL 34953

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shs.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Clark T Jelley - President

Name and Title: \_\_\_\_\_

Address 621 SW Hillsboro Circle

Address: \_\_\_\_\_

Port St. Lucie, FL 34953

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2019 MAY 17 AM 10:01  
TALLAHASSEE, FL

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: Clark T Jelley \_\_\_\_\_

Address: 621 SW Hillsboro Circle \_\_\_\_\_

Port St. Lucie, FL 34953 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Clark T Jelley \_\_\_\_\_

Address: 621 SW Hillsboro Circle \_\_\_\_\_

Port St. Lucie, FL 34953 \_\_\_\_\_

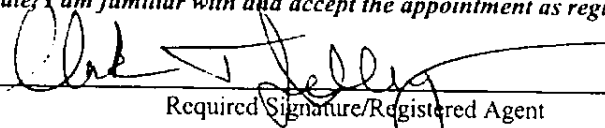
**ARTICLE VIII EFFECTIVE DATE:**

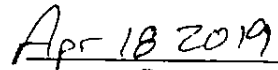
Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

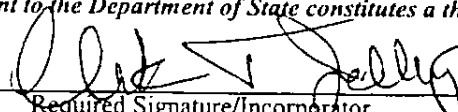
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

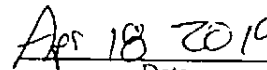
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Ⓢ   
\_\_\_\_\_  
Required Signature/Registered Agent

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Date