

P19000053854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

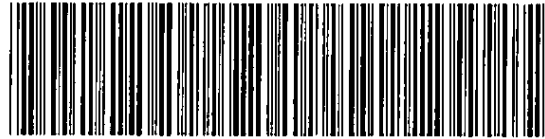
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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07/11/19--01001--016 **70.00

19 JUL 10 PM 4:26
RECEIVED

FILED
2019 JUL 10 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Installs Done Right

(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:

Name (Printed or typed)

3375 LAKEVIEW Dr

Address

Tallahassee FL 32310

City, State & Zip

850-274-4857

Daytime Telephone number

Corina40@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: Installs Done Right Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3375 Lakeview Dr
Tallahassee FL 32310

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
Business

ARTICLE IV SHARES

The number of shares of stock is: 10

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CORINNA AVILA Name and Title: P
Address: 3375 Lakeview Dr Address: Same
Tallahassee FL
32310

Name and Title: JAMES REGAN Name and Title: S
Address: 3039 Echo Point Ln Address:
Tallahassee
FL 32310

Name and Title: JOHN REGAN Name and Title: SECRETARY
Address: 3039 Echo Point Ln Address:
Tallahassee FL 32310

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: Corinna Avila
Address: 3375 Lakeview Dr.
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Corinna Avila
Address: 3375 Lakeview Dr
Tallahassee FL 32310

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

x Corinna Avila
Required Signature/Registered Agent

7/10/2019
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.

y Corinna Avila
Required Signature/Incorporator

7/10/2019
Date

Corinna Arila (will not reinstate) In stalls Done Right

Document number 16000100261

And will file a new filing with the same name.

Corinna Arila

SIGN NAME

7/10/19

DATE