

P210 0007 8578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

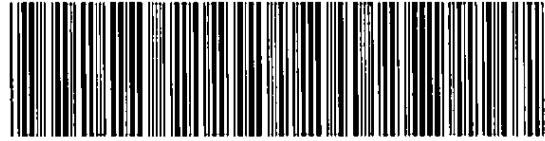
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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FILED  
2021 SEP -3 PM 3:37  
TALLAHASSEE, FLORIDA

09/03/21--01004--018 \$470.00

RECEIVED  
2021 SEP -3 PM 1:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

D O'KEEFE  
SEP 03 2021

## COVER LETTER

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

SUBJECT: Home improvement room builders 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: Kwesi Jones  
Name (Printed or typed)

3300 W colonial dr  
Address

Orlando, Florida 32808  
City, State & Zip

(866) 552-6987  
Daytime Telephone number

\_\_\_\_\_  
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: Home Improvement room builders inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3300 W colonial dr  
Orlando Florida 32808

Mailing address, if different is:

3300 W colonial dr  
Orlando Florida 32808

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KWESI Jones (P) CEO Name and Title: (P) CEO

Address: 3300 W colonial dr Address: \_\_\_\_\_  
Orlando Florida  
32808

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

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

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

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

2021 SEP - 3 PM 3:37  
Attest:

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: Kwesi Jones

Address: 3300 W colonial dr  
Orlando Florida 32808

2021 SEP -3 PM 3:36  
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kwesi Jones

Address: 3300 W colonial dr  
Orlando Florida 32808

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*

Kwesi Jones  
Required Signature/Registered Agent

09/03/21  
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.*

Kwesi Jones  
Required Signature/Incorporator

09/03/21  
Date