

P220000035399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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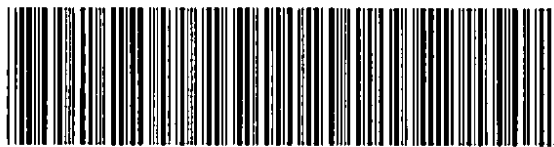
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2022 MAY 19 PM 4:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2022 MAY 13 PM 2:21

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RECEIVED

COVER LETTER

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

SUBJECT: CHRIS HOME SERVICES CORP
(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: CRISTHOFER RUIZ
Name (Printed or typed)

3062 SUNI PINES BLVD LOT 285

Address

JACKSONVILLE BEACH, FL 32250

City, State & Zip

(904) 993-7970

Daytime Telephone number

~~cristhoferruiz904@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: CHRIS HOME SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3062 SUNI PINES BLVD LOT 285
JACKSONVILLE BEACH FL 32250-1611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRISTHOFER RUIZ, PRES Name and Title: GABRIELA SANCHEZ, VICE-PRES

Address 3062 SUNI PINES DR LOT 285 Address: 10839 BAHIA DR
JACKSONVILLE BEACH FL 32250 JACKSONVILLE FL 32246

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2022 MAY 19 PM 4:30
CLERK OF DISTRICT COURT
JACKSONVILLE, 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: WILFREDO VARGAS
Address: 6135 POWERS AVE
JACKSONVILLE FL 32217

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRISTHOFER RUIZ
Address: 3062 SUNI PINES BLVD LOT 285
JACKSONVILLE BEACH FL 32250

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2022 MAY 19 PM 4:30
CLERK OF THE STATE
JACKSONVILLE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/10/2022 (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

05/13/2022
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

05/13/2022
Date