

P22000047359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

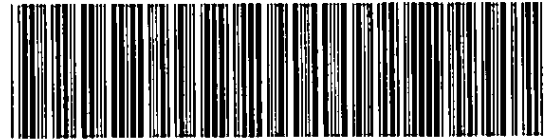
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/22--01039--012 **78.75

FILED
2022 MAY 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HL

COVER LETTER

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

SUBJECT: Springs Renovation & Remodeling, 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: Chase Carnes
Name (Printed or typed)

25149 NW 4th Ave
Address

Newberry, FL 32669
City, State & Zip

786-599-788
Daytime Telephone number

cprcarnes@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: Springs Renovation & Remodeling, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

25149 NW 4th Ave.

Newberry, FL 32669

Mailing address, if different is:

25149 NW 4th Ave.

Newberry, FL 32669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: perform handyman, residential property maintenance, home inspection,
renovation, remodeling and construction services.

ARTICLE IV SHARES

The number of shares of stock is: 100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chase Carnes, President, Director

Name and Title: _____

Address 25149 NW 4th Ave

Address: _____

Newberry, FL 32669

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 MAY 16 PM 11:00
CLERK 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: Chase Carnes
Address: 25149 NW 4th Ave
Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Chase Carnes
Address: 25149 NW 4th Ave.
Newberry, FL 32669

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 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

[Signature]
Required Signature/Registered Agent

05/12/22
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.

[Signature]
Required Signature/Incorporator

05/12/22
Date

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2022 MAY 16 PM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Name and Title: Chase Carnes, President, Director

Name and Title: _____

Address 25149 NW 4th Ave

Address: _____

Newberry, FL 32669

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 MAY 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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Name: Chase Carnes
Address: 25149 NW 4th Ave
Newberry, FL 32669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chase Carnes
Address: 25149 NW 4th Ave.
Newberry, FL 32669

FILED
2022 MAY 16 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

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[Signature]
Required Signature/Registered Agent

05/13/22
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.

[Signature]
Required Signature/Incorporator

Date

05/13/22