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COVER LETTER

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

SUBJECT: E320 RENDVATIONS 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: Anchor Multi Services LLC

Name (Printed or typed)

PDBOX 862

Address

Lehigh Acres FL 33970

City. State & Zip

Daytime Telephone number

anchormultiservices//c e gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

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

		· · · · · · · · · · · · · · · · · · ·	Corp	
TICLE II PRINCIPAL OFFICE Principal street add	ress	Mail	ing address, if di	fferent is:
624 Covington Mead	lows CIR	P.O. 6	OX 862	?
uite 101 chigh Acres, FL 33		Lehigh	Acres,	FL 3397
TICLE III PURPOSE				-
purpose for which the corporation is or				
Provide co.		n Servic	دح	
with pro	ducts			<u>, </u>
······································				
		· · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
Name and Title: Name and Title:		Title:	Presi	den t
Address 1624 Co	vington Men	dows GR		
Suite	01			
				
	Acres, PL			
Lehigh	Acres, FL	33936		الاراد 35 72
Lehigh Name and Title:		3393 6 Name and Title:		22 SE
Lehigh Name and Title:		3393 6 Name and Title:		SEP
Lehigh Name and Title: Address		3393 6 Name and Title: Address:		- (1) - (1)
Lehigh Name and Title: Address		33936		- (1) - (1)
Name and Title: Address		33936 Name and Title: Address:		15 PH 7:21
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Name and Title: Address Name and Title:		33936 Name and Title: Address: Name and Title: Address:		15 PH 7:21

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: Anchor Mul	ti Services LLC	
Address: 555 SARGE	es FL 33972	22 FAL
Lehigh Aca	es FL 33972	SEP SEP
U		LED NARY OF STANSONS SEED OF STANSONS OF S
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: ARICE Le	chlex	12. 2
Address: 555 SARG	CONT STREET	
Lehigh Ac	echler Sent STREET Les, FL 33972	
	•	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be	. (OPTION especific and cannot be more than five day	AL) ys prior or 90 days after the
filing.)	·	•
Note: If the date inserted in this block does not	meet the applicable statutory filing requiren	nents, this date will not be listed as
the document's effective date on the Departmer	nt of State's records.	
Having been named as registered agent to accep	t service of process for the above stated corpo	ration at the place designated in thi
certificate, I am familiar with and accept the app		, ,
Cylen Leckle		9/12/2022
Required Signature/R	legistered Agent	Date
I submit this document and affirm that the fac document to the Department of State sonstitutes	ets stated herein are true. I am aware that the state of	he false information submitted in 6 7.155. F.S.
When Fackl		9/12/2022
Required Signature/Incorporator ARLEEN	15000	Date 7//2/2022

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

ARTICLE I NAME The name of the corporat	ion shall be: <u>E320</u> Rend	ivations C.	orp.
ARTICLE II PRINC			lress, if different is:
1624 Coving	ton Meadows CIR	P.O. BOX	862
	s, FL 33936		ckes, FL 33970
ARTICLE III PURPO The purpose for which the	OSE the corporation is organized is:		
	ide construction	n Services	
with	products		
			7 7 7
			SEP T
			SE S M
······································			
ARTICLE IV SHARI The number of shares of:	$\frac{ES}{S}$ stock is: $\frac{100}{100}$		22
	: N. CORtes	Title:	esident
	1624 Covington Me		
	Suite 101		
	Lehigh Acres, FL	_33936	·
Name and Title:		Name and Title:	
Address		Address:	
		<u> </u>	
Name and Title:	-	Name and Title:	
Address		Address:	
	<u> </u>	<u></u>	

Name and Title: Name and Title	
Address:	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered age	entis; •
Name: Anchor Multi Services LLC Address: 555 SARGENT STREET Lehigh Acres, FL 33972	-
Address: 553 SARGENT STREET	
Cenigh Mickey, 12 50.12	
ARTICLE VII INCORPORATOR	SEC SEC
The <u>name and address</u> of the Incorporator is:	AR P
Name: ARleen Lechler	SS T
Address: 555 SARGENT STREET	
Name: ARleen Lechler Address: 555 SARGENT STREET Lehigh Acres, FL 33972	22 SEP 15 PH 7: 21 SECRETARY SECRETARY
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than filing.)	PTIONAL) live days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing rethe document's effective date on the Department of State's records.	equirements, this date will not be listed a
	ddisa adaha alam dasimatadis d
Having been named as registered agent to accept service of process for the above states certificate. I am familiar with and accept the appointment as registered agent and agree	a corporation at the place designated in the ee to act in this capacity
Required Signature/Registered Agent	9/12/2022
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware document to the Department of State constitutes a third degree felony as provided for	e that the false information submitted in in s.817.155, F.S.
Required Signature/Incorporator ARLEGN LECHLER	9/12/2022
	Date