

PO5000055377

(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



700047023987

11/27/05--01021--012 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 14 PM 4:05

105-10777  
105-16756

TRANSMITTAL LETTER

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

SUBJECT: S4 Home Improvement, 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 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: Robert Scott  
Name (Printed or typed)

1019 23<sup>rd</sup> Street  
Address

Orlando, FL 32805  
City, State & Zip

407-489-4054  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 14 PM 4:05

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:

S4 Home Improvement, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1019 23rd Street  
Orlando, FL 32805

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To establish new business  
HOME IMPROVEMENTS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Robert Scott - owner  
1019 23RD ST  
ORLANDO, FL 32805

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ROBERT SCOTT  
1019 23RD ST  
ORLANDO, FL 32805

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Robert Scott  
1019 23rd Street  
Orlando, FL 32805

\*\*\*\*\*

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/Registered Agent

3/29/2005  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/23/05  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 14 PM 4:05