

7(30000 47567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

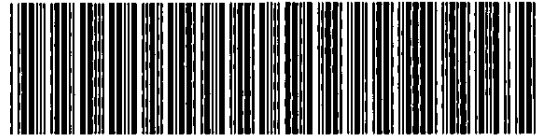
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



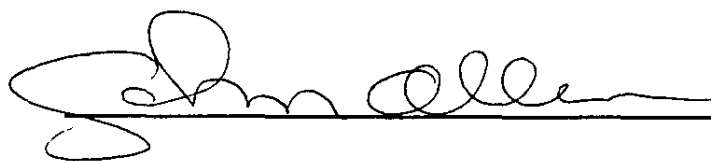
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06/03/13--01003--012 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
CORPORATION DIVISION  
2013 JUN -3 AM 11:04  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
13 JUN -3 PM 11:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, JOHN ALLEN WILL NOT REINSTATE JOHN ALLEN PAINTING  
CO., AND I RELEASE THE NAME FOR USE.



A handwritten signature in cursive script, appearing to read "John Allen", is written over a solid horizontal line.

**FILED**

13 JUN -3 PH11: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JOHN ALLEN PAINTING CO.  
(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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JUN -3 PM 11:13  
FILED

FROM: JOHN ALLEN  
Name (Printed or typed)

12787 FOREST RUN CT  
Address

TALLAHASSEE FL 32317  
City, State & Zip

850-727-1904  
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: JOHN ALLEN PAINTING CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12787 FOREST RUN CT  
TALLAHASSEE FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PAINTING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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TALLAHASSEE FLORIDA

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

Name and Title: ANTHONY GIBSON Name and Title: VICE PRESIDENT

Address: 12787 FOREST RUN Address: \_\_\_\_\_  
CT TALLAHASSEE \_\_\_\_\_  
FL 32317 \_\_\_\_\_

Name and Title: JOHN ALLEN Name and Title: PRESIDENT

Address: 12787 FOREST RUN Address: \_\_\_\_\_  
CT \_\_\_\_\_  
TALLAHASSEE FL 32311 \_\_\_\_\_

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

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

(cont.)

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: JOHN ALLEN  
 Address: 12787 FOREST RUN CT  
TALLAHASSEE FL 32317

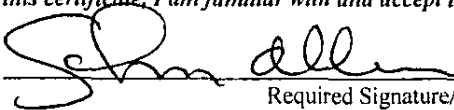
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 18 JUN -9 PM 11:13  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

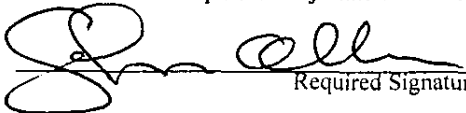
Name: JOHN ALLEN  
 Address: 12787 FOREST RUN  
CT, TALLAHASSEE FL 32317

*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

6-3-13  
 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

6-3-13  
 Date