F13000004246

(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:		
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09/30/13--01003--012 **78.75

DIVERSE 30 FM 2:30

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Southeast Painters, Inc	•
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business.	nding" and check are submitted to register the
Please return all correspondence concerning this matter. Christy Kisor	r to the following:
Name of	Person
Southeast Painters, Inc.	
Firm/Con	npany
3535B Saint Elmo Avenue	
Addr	ess
Chattanooga TN 37409	
City/State a	and Zip code
chkisor@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Christy Kisor at (423	987-8142
Name of Person Area	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	·
□ \$70.00 Filing Fee ■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

_{I.} Southeast Painters, Inc.	
(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
_{2.} Tennessee	3 62-1574304
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
₄ 8-09-1994	5 Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6 MOON registration	
	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
3535B Saint Elmo Avenue Chatta	
(Principal office 3535B Saint Elmo Avenue Chatt	
(Current mailing	address)
Contract Painting & Wallcovering	
(Purpose(s) of corporation authorized in home state of	i de la compansión de la compansión de 🔀 🗟
9. Name and street address of Florida registered agent:	(P.O. Box NOT acceptable)
Name: Incorp Service	es,Inc.
Office Address: 17888 67+h Cox	int North
Loxahatchee	Florida 33470
(City)	(Zip code)
0. Registered agent's acceptance:	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Heather Nee For Incorp Services, Inc. (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: ___ Address: ___ Director: Address: **B. OFFICERS** President: Beth Tutton Address: 3535B Saint Elmo Avenue Chattanooga TN 37409 Vice President: Randy Tutton Address: 3535B Saint Elmo Avenue Chattanooga TN 37409 Secretary: __ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Randy Tutton VP



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower

312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

SOUTHEAST PAINTERS INC

July 9, 2013

CHRISTY KISOR 3535B SAINT ELMO AVE CHATTANOOGA, TN 37409-1055

Request Type: Certificate of Existence/Authorization

Issuance Date: 07/09/2013

Request #:

0102115

Copies Requested:

Document Receipt

Receipt #: 1087251

Filing Fee:

\$40.00

Payment-Check/MO - SOUTHEAST PAINTERS INC, CHATTANOOGA, TN

\$40.00

Regarding:

SOUTHEAST PAINTERS, INC.

Filing Type:

Corporation For-Profit - Domestic

Control #:

282465

Formation/Qualification Date: 08/09/1994

Date Formed:

08/09/1994

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

CERTIFICATE OF EXISTENCE

SOUTHEAST PAINTERS, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees; taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 003426117