

N 11 0000009640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

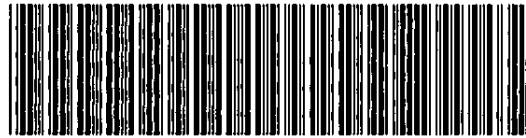
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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211-43593

FILED

2011 OCT 12 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 13 2011

COVER LETTER

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

SUBJECT: Painting Dreams Corporation

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Yamileth Huryasar

Name (Printed or typed)

1719 S. Sanford Avenue

Address

Sanford, FL-32771

City, State & Zip

(407) 415-9080

1719 S. Sanford Avenue Telephone number

Painting-Dreams@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2011

YAMILETH HURYASAR
1719 S SANFORD AVE
SANFORD, FL 32771

SUBJECT: PAINTING DREAMS CORPORATION
Ref. Number: W11000043593

We have received your document for PAINTING DREAMS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 811A00019603

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Painting Dreams 4u Corporation

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1719 S. Sanford Avenue

Sanford, FL-32771

FILED
2011 OCT 12 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our mission is, helping the community, low income families children and teenagers express their talent in arts. While providing free education in Fine and Performing Arts, keeping them away from streets and crime.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Appointed by President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yamileth Huryasar President

Address: 1719 S. Sanford Avenue
Sanford, FL-32771

Name and Title: _____

Address: _____

Name and Title: Selcuk Huryasar Director

Address: 1719 S. Sanford Avenue
Sanford, FL-32771

Name and Title: _____

Address: _____

Name and Title: Dilara Huryasar Officer

Address: 1719 S. Sanford Avenue
Sanford, FL-32771

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Yamileth Huryasar

Address: 1719 S. Sanford Avenue
Sanford, FL-32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yamileth Huryasar

Address: 1719 S. Sanford Avenue
Sanford, FL-32771

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 of Registered Agent

10 / 03 / 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

10 / 03 / 2011

Date