## N2000001340

| (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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Office Use Only



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## **COVER LETTER**

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

| SUBJECT: | Society of Decorative Painters INC. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |
|----------|--|
| _        | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)                                    |
|          |  |
|          |  |
|          |  |

| inclosed is an original a | nd one (1) copy of the Ar                                     | ticles of Incorporation and          | a check for :   |
|---------------------------|---|--------------------------------------|---|
| □ \$70.00<br>Filing Fee   | <b>₹</b> L\$78.75<br>Filing Fee &<br>Certificate of<br>Status | □\$78.75 Filing Fee & Certified Copy | ☐ \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate |
|                           |   | ADDITIONAL CO                        | PY REQUIRED   |

| FROM: Stephanie Pooler<br>Name (Printed or typed) |   | 130 133  |
|---|---|----------|
| 120 Beck Street                                   | 4 | 30<br>73 |
| Winter Haven FL 33884<br>City, State & Zip        | * | 0.0 th   |
| 207-877-4698  Daytime Telephone number            |   |          |
|   |   |          |

r.-man address. (to be used for future annual export norm carron)

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

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

| ARTICLE I The name of th    | NAME e corporation shall be: 50cety of Dec   | orative fainters                                  |
|-----------------------------|--|---|
| ARTICLE II                  | PRINCIPAL OFFICE   |   |
| /                           | Principal <u>street</u> address:<br>120 Beck Street  | Mailing address, if different is: 120 Beck Street |
| _L1                         | linter Haven Fl 33884 i  | Jenter Haven, Fl 33884                            |
| The purpose fo              | PURPOSE  or which the corporation is organized is: Share.  OF PAINTING   | and educate the                                   |
|                             |  | 7.5<br>W.7<br>****                                |
|                             |  | w   |
|                             |  | ge T-   |
| ARTICLE IV  YY\C  ARTICLE V | MANNER OF ELECTION The manner in which the direction of median in the manner of the the ma | mbesh f   |
| Name and Titl               | e: Stephoenie Pooler President   | Barbara Fowler, Secretary                         |
| Address                     | 120 Beck Street Address:<br>Winter Haven, FL 33844   | Lake Wales FC 33853                               |
| Name and Title              | e: Pan House, 1strice President and Title  | Debra Smith Treasurer                             |
| Address                     | Haines City FL 33844   | 2413 Franklin Dr<br>Kissimmee, FL34744            |
| Name and Titl               | e: Andrea Scott, Ind Vice Areside Title  | :   |
| Address                     | 117 Patter Heights ST Address:<br>LCXELEING FL 33803   |   |
|                             | ·  |   |

| on in the Salmbale.                |   | Name and Title   |                  |                                       |          |
|------------------------------------|---|--|------------------|---------------------------------------|----------|
| Name and Title                     |   |  | <del></del>      | •                                     |          |
| Address                            |   | Address:   | <u> </u>         | -                                     |          |
|                                    |   |  |                  |                                       |          |
| _                                  |   |  |                  | -                                     |          |
|                                    |   |  |                  |                                       |          |
| ARTICLE VI                         | REGISTERED AGENT  |  |                  |                                       |          |
| The name and I                     | lorida street address (P.O. Box NOT accep   | table) of the registered agent is:   |                  |                                       |          |
| Name:                              | Debra Smith   |  |                  |                                       |          |
| Address:                           | 2413 Granklin Dr  |  |                  |                                       |          |
|                                    | Knownnee FL 24  | 044  |                  |                                       |          |
|                                    |   |  |                  | 중 의<br>제2 3<br>(C.)                   |          |
| ARTICLE VII                        | <u>INCORPORATOR</u>   |  |                  |                                       |          |
| The <u>name and a</u>              | ddress of the Incorporator is:  |  | ****             |                                       |          |
| Name:                              | Stephanie Pooler  | ·  | 5                | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |          |
| Address:                           | 120 Beck St   |  |                  |                                       | ;        |
|                                    | Winter Haver F  |  | <b>5</b> -       | P를 !                                  |          |
|                                    |   | <u></u>  | :â               | 0                                     |          |
|                                    | EFFECTIVE DATE:   |  | -                |                                       |          |
| Effective date, it                 | other than the date of filing:  | (OPTIONAL)   | 00.1             |                                       |          |
| (If an effective                   | date is listed, the date must be specific an  | d cannot be more than five days prior or   | 90 days after    | r the filing.                         | )        |
| Note: If the dat                   | e inserted in this block does not meet the ap   | plicable statutory filing requirements, this of                                  | date will not b  | e listed as t                         | he       |
| document's effe                    | ctive date on the Department of State's reco  | ords.  |                  |                                       |          |
|                                    | ·   |  |                  |                                       |          |
| Having been na                     | med as registered agent to accept service o   | 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 cap                                    | nacity           |                                       |          |
| ( ) 010                            | u Ci bairi  |  | 10-07-           | 120501                                |          |
| 1 July                             | Required Signature of Registered  | Agent  | 10 - スフー<br>Date | <u> </u>                              |          |
|                                    | , 3   | S .  |                  |                                       |          |
| l submit this doc<br>he Department | ument and affirm that the facts stated hereis<br>of State constitutes a th <del>ird d</del> egree felony as p | n are true. I am aware that any false informi<br>provided for in s.817.155, F.S. | ation submitte   | a in a docui                          | ment to  |
| _ ~_                               | , / )   |  | 11               | C                                     |          |
| JUS                                | Marie Stole Required Signature of Incorp  | porator  | // - 2 ?<br>Date | 8-200                                 | <i>Y</i> |
| ///                                | Required Signature of Incorp  | σιαιοι   | Date             |                                       |          |

| · Name and Title:_                  | ·····  | Name and Title:   |  |
|-------------------------------------|--|---|--|
| Address                             |  | Address:  |  |
|                                     |  |   |  |
|                                     | REGISTERED AGENT<br>prida street address (P.O. Box NOT                               | acceptable) of the registered agent is:   |  |
| Name:                               | Jebra Smith  |   |  |
| Address:                            | 2413 Franklin D  | <u>r</u>  |  |
|                                     | Kusernnee FL   | 34744   | ) . [m]  |
| ARTICLE VII The name and ad         | INCORPORATOR dress of the Incorporator is:   |   | 100130   |
| Name:                               | Stephan'z Poo  | lev   | m 1  |
| Address:                            | 120 Beck S.<br>Winter Haver  |   |  |
| Effective date, if o                | EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be speci | fic and cannot be more than five day  | AL) 's prior or 90 days after the filing               |
| Note: If the date document's effect | inserted in this block does not meet ive date on the Department of State             | the applicable statutory filing requirem s records.                                   | ents, this date will not be listed as t                |
| Having been nam                     | wed as registered agent to accept se<br>miliar with and accept the appointm          | rvice of process for the above stated co<br>went as registered agent and agree to act | orporation at the place designated<br>in this capacity |
| Leo                                 | J. A Mith<br>Required Signature of Regis   | stered Agent  | 10-27-2020<br>Date                                     |
| I submit this document of           | ment and affirm that the facts stated<br>State constitutes a third degree felo       | herein are true. I am aware that any fu<br>ny as provided for in s.817.155, F.S.      | lse information submitted in a docu                    |
| رسلوبهجت                            | Maxee Stoler<br>Required Signature of  | )   | 11 - 28 - 20   |