## P00000098196

TRANSMITTAL LETTER

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



SUBJECT: <u>East Coast Sandblasting & Painting</u>, <u>Inc.</u> (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

**\$122.50** 

**\$131.25** 

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM Pleiman & Co., PA

Name (Printed or typed)

9471 Baymeadows Road Suite 308
Address

Jacksonville, FL 32256

City, State & Zip

(904) 448-5005

Daytime Telephone number

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



## ARTICLES OF INCORPORATION

00 OCT 16 PH 1:18 TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ARTICLE I NAME The name of the corporation shall be East Coast Sound blasting & Painting, Inc.

PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be 512 5.McCargo 57.

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Tox. FL 32220 ARTICLE II mailing address: P.O. Box 37383 Jax., FL 32226-7383

ARTICLE III The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

one hundred (100)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Pleiman & Co.M. Pany, PA 9471 Baymeadows Rd 5te 308

OCKSONVILLE, FL 32256 CLEV INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Pleiman & Company, PA

9471 Baymeadon's Bd. Ste

32256

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of phyposition as registered agent