P02000135481

(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

Daniel Pilkinton SAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles
DATE 12/31/02
DOC. EXAM Elliott

200009375062

12/27/02--01056--004 **87.50

FILED
02 DEC 27 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WOG-36014

12/31

TRANSMITTAL LETTER

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

SUBJECT: SOUTH SHORES COMMERCIAL PAINTING CORP.
(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

FROM: DANIEL N. PILKINTON
Name (Printed or typed)

12304 SHADOW RUN BLVD
Address

RIVERVIEW FL 33569
City, State & Zip

(813) 299-2203
Daytime Telephone number

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:
SOUTH SHORES COMMERCIAL PAINTING CORP.

Effective Date
January 2, 2002

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
12304 SHADOW RUN BLVD
RIVERVIEW FL 33569

POBox 2368
Riverview, Fl 33568

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO PROVIDE PAINTING SERVICE TO CENTRAL FLORIDA FOR PROFIT.

FILED
02 DEC 27 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is:
1,000 ONE THOUSAND.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):

THOMAS R. GORMAN CO-CHAIRMAN
12304 SHADOW RUN BLVD
RIVERVIEW FL 33569

DANIEL N. PILKINTON CO-CHAIRMAN
12304 SHADOW RUN
RIVERVIEW FL 33569

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:
THOMAS R. GORMAN
12304 SHADOW RUN BLVD RIVERVIEW FL. 33569

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
DANIEL N. PILKINTON
P.O. BOX 2368 RIVERVIEW FL. 33568

****

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

Signature/Registered Agent — 12/23/02 Date

Signature/Incorporator — DEC. 23 2002 Date