

PD3000021723

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03 FEB 21 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Herb West Painting Contract Inc
(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
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Herb West
Name (Printed or typed)

1361 S.E. St Joseph Ave
Address

Stuart FL 34996
City, State & Zip

772-215-9061
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:
HERB WEST PAINTING CONTRACTOR INC..

ARTICLES II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
1361 SE ST JOSEPH AVE
STUART FL 34996

ARTICLE III SHARES

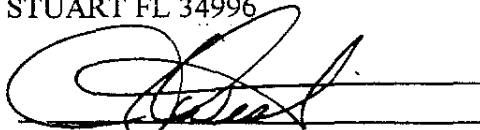
THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:
HERB WEST
1361 SE ST JOSEPH AVE
STUART FL 34996

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
HERB WEST
1361 SE ST JOSEPH AVE
STUART FL 34996



SIGNATURE / INCORPORATOR

2-19-03

DATE

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 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

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.



SIGNATURE / REGISTERED AGENT

2.19.07

DATE

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03 FEB 21 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA