

P030000090118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

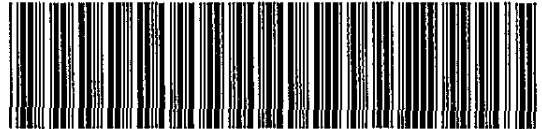
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dave GAVE
AUTHORIZATION BY PHONE TO
CORRECT articles
DATE 8/18/03
DOC. EXAM Dave White

D. WHITE AUG 18 2003

Office Use Only



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08/15/03--01003--005 **78.75

~~08/14/03--01003--028 **78.75~~

FILED
03 AUG 14 PM 12:01
SECRETARY OF STATE
FALL AHASSHE (1) (10/10/03)

TRANSMITTAL LETTER

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

SUBJECT: Pro Finish Painting, Inc.
(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: David Leslie
Name (Printed or typed)

P.O. Box 395
Address

Holder, FL 34427
City, State & Zip

(727) 514-1642
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:

Pro Finish Painting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 395
Holder, FL 34427

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

David Leslie
P.O. Box 395
Holder, FL 34427
President

Karen Sommers
9668 N Loretta Way
Citrus Springs, FL 34434
Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

David Leslie
9668 N Loretta Way
Citrus Springs, FL 34434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Leslie
9668 N Loretta Way
Citrus Springs, FL 34434

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

David R Leslie
Signature/Registered Agent

8/13/03
Date

David R Leslie
Signature/Incorporator

8/13/03
Date

FILED

03 AUG 14 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA