

PO3000127906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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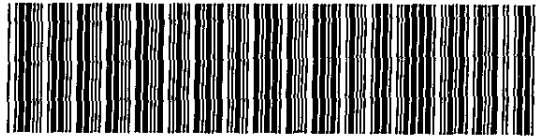
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

gr 11/16/03

TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

R. Smith Painting, Inc.
Roosevelt Smith

SUBJECT: _____
(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: _____
Roosevelt Smith
Name (Printed or typed)
5821 San Juan Avenue 212
Address
Jacksonville, FL 32210
City, State & Zip
904-571-2151
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:

R.Smith Painting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5821 San Juan Avenue 212 Jax Fl 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roosevelt Smith, 5821 San Juan Avenue 212, Jax Fl 32210 President

ARTICLE VI REGISTERED AGENT

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

Roosevelt Smith, 5821 San Juan Avenue 212, Jax Fl 32210

ARTICLE VII INCORPORATOR

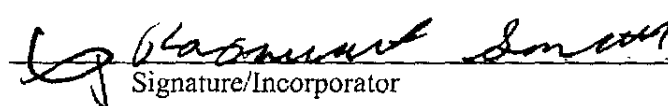
The name and address of the Incorporator is:

Roosevelt Smith, 5821 San Juan Avenue 212, Jax Fl 32210

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


Date


Signature/Incorporator


Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA