

P03000144264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

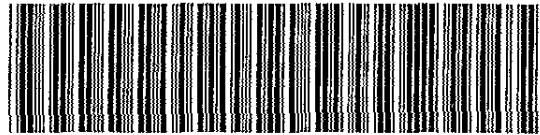
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700024945017

11/26/03--01028--008 \*\*78.75

FILED  
03 NOV 26 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/4/03  
MPC

## TRANSMITTAL LETTER

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

SUBJECT: ALBERT FAIRCLOTH 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: ALBERT FAIRCLOTH  
Name (Printed or typed)

10960 BEACH BLVD. #381  
Address

JACKSONVILLE, FLORIDA 32246-4869  
City, State & Zip

(904) 645-8925  
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:

ALBERT FAIRCLOTH PAINTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10960 BEACH BLVD. #381  
JACKSONVILLE, FLORIDA 32246-4869

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSTRUCTION

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ALBERT FAIRCLOTH  
10960 BEACH BLVD. #381  
JACKSONVILLE, FLORIDA 32246-4869  
TITLE: PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ALBERT FAIRCLOTH  
10960 BEACH BLVD. #381  
JACKSONVILLE, FLORIDA 32246-4869

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALBERT FAIRCLOTH  
10960 BEACH BLVD. #381  
JACKSONVILLE, FLORIDA 32246-4869

\*\*\*\*\*

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

x   
\_\_\_\_\_  
Signature/Registered Agent

11/17/03  
\_\_\_\_\_  
Date

x   
\_\_\_\_\_  
Signature/Incorporator

11/17/03  
\_\_\_\_\_  
Date

FILED  
03 NOV 26 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA