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SECURE PART OF STATE
TALLAHASSEE, FLORIDA

12/15

TRANSMITTAL LETTER

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

SUBJECT: Superior Artistic Textures 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: William Figueroa
Name (Printed or typed)

8347 Spring Breeze Ct
Address

Orlando, FL 32829
City, State & Zip

407-384-1448
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 24, 2003

WILLIAM FIGUENA
8347 SPRING BREEZE CT
ORLANDO, FL 32829

SUBJECT: SUPERIOR ARTISTIC TEXTURES CORP.
Ref. Number: W03000035282

We have received your document for SUPERIOR ARTISTIC TEXTURES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 703A00063714

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:

Superior Artistic Textures I

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Place of Business
1605 Camerbur DR.
Orlando, FL 32805

Mailing: 8347 Spring Breeze
Orlando, FL 32829

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

workmans Compensation
Insurance

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Figueroa
8347 Spring Breeze Ct
Orlando, FL 32829 (407) 384-1448
owner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI REGISTERED AGENT

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

William Figueroa
8347 Spring Breeze Ct
Orlando, FL 32829

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel Garcia Figueroa
8347 Spring Breeze Ct
Orlando, FL 32829

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

William Figueroa

Signature/Registered Agent

11/12/03

Date

Isabel Garcia

Signature/Incorporator

12/4/03

Date