

PO400000 5821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

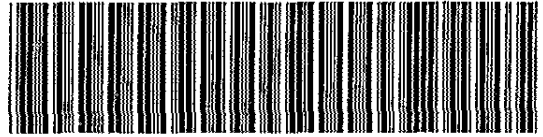
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 30 PM 1:51

TS 01/09/04

TRANSMITTAL LETTER

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

SUBJECT: Painter's Parlor 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: Larry H. Greenlaw

Name (Printed or typed)

40 Fullerwood Drive

Address

St. Augustine, Florida 32084

City, State & Zip

904-829-9322

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:

Painter's Parlor Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

40 Fullerwood Drive
St. Augustine, Florida 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

ARTICLE IV SHARES

The number of shares of stock is:

One hundred shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Larry H. Greenlaw
40 Fullerwood Drive
St. Augustine, Florida 32084

President

Sharon Renk/Greenlaw
40 Fullerwood Drive
St. Augustine, Florida 32084

Secretary & Treasurer

ARTICLE VI REGISTERED AGENT

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

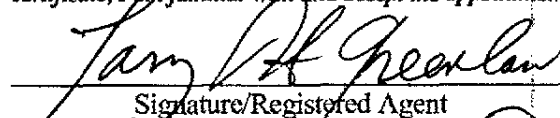
Larry H. Greenlaw
40 Fullerwood Drive
St. Augustine, Florida 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

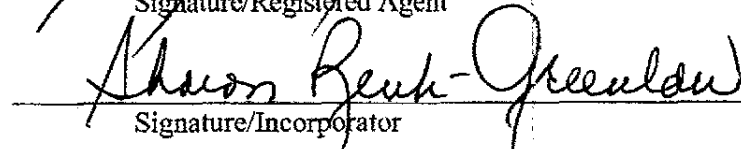
Sharon Renk/Greenlaw
40 Fullerwood Drive
St. Augustine, Fl. 32084

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

12/29/03

Date


Signature/Incorporator

12/29/03

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS