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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

SL ✓  
2/13/04

## TRANSMITTAL LETTER

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

SUBJECT: *PREP.* **FLAWLESS , 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: John Longenecker  
Name (Printed or typed)

2120 US 1 South, Suite 115  
Address

St. Augustine FL 32086  
City, State & Zip

(904) 814-4421  
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:

*PREP.*  
**FLAWLESS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2120 US 1 South, Suite 115  
St Augustine FL 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction contracting

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000

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

List name(s), addresses) and specific titles(s):

John Longenecker, President  
2120 US 1 South, Suite 115  
St Augustine FL 32086

**ARTICLE VI REGISTERED AGENT**

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

John Longenecker  
2120 US 1 South, Suite 115  
St Augustine FL 32086

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Donald J. Segui  
2120 US 1 South, Suite 115  
St Augustine FL 32086

\*\*\*\*\*

*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*

*John Longenecker*  
\_\_\_\_\_  
Signature/Registered Agent

*2/12/04*  
\_\_\_\_\_  
Date

*Donald J. Segui*  
\_\_\_\_\_  
Signature/Incorporator

*2/12/04*  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA