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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: Tim Jorgensen Drywall Spraying Inc.

Enclosed are an original and one (1) copy of	of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Timothy Iver Jorgensen
Name (Printed or typed)

5214 SE 113 PL

Belleview Fla 34420 City, State & Zip

352 266 82 87 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:
Tim Jorgensen Drywall Spraying Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5214 SE 113 PL Belleview Fla 34420
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Dygwall Texture.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
I mothy Iver Jorgensen Problama
Bridgette Penise Jorgensen Treasurcr.
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
5214 SE 113 Ph. Belle4143 Fla 34420
TIMOTHY JORGENSEN
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
5214 SE113 Ph. Belleview Fla 34420

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
Junothy F. Jorganen 5-24-04 Signature/Registered Agent Date
Timothy I Jayana 5-24-04
Signature/Incorporator Date

5-24-04 Date