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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SUBJECT: Prestige Quality Painting, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Tiffany Swicker  
Name (Printed or typed)

6040 Bent Pine Dr. Apt. 3217  
Address

Orlando, FL 32822  
City, State & Zip

(407) 367-9500  
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: *Prestige Quality Paintings*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *6040 Bent Pine Drive  
Apt. 3217  
Orlando, FL 32822*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Commencial Painting*

**ARTICLE IV SHARES**

The number of shares of stock is: *1 Share*

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

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

*Tiffany Swicker, President  
6040 Bent Pine Dr. Apt. 3217  
Orlando, FL 32822*

*Holly Swicker, Secretary  
5102 Packard Dr.  
Orlando, FL 32822*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Tiffany Swicker  
6040 Bent Pine Dr.  
Apt. 3217 Orlando, FL 32822*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

\*\*\*\*\*  
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

*Tiffany Swicker*  
\_\_\_\_\_  
Signature/Registered Agent  
*Tiffany Swicker*  
\_\_\_\_\_  
Signature/Incorporator

*8-9-05*  
\_\_\_\_\_  
Date  
*8-9-05*  
\_\_\_\_\_  
Date

FILED  
05 AUG 18 AM 9:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE