

POS000130129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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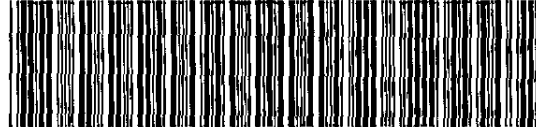
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/05--01009--012 **87.50

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STATE OF FLORIDA
05 SEP 22 AM 9:04

W05-43010

bm 9/22

COVER LETTER

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

SUBJECT: Darren Maldonado Master Touch Painting 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: Darren Maldonado
Name (Printed or typed)

4339 Portage Drive
Address

Polk City, Florida, 33868
City, State & Zip

863-576-3032
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2005

DARREN MALDONADO
4339 PORTAGE DRIVE
POLK CITY, FL 33868

SUBJECT: DARREN MALGONADO MASTER TOUCH PAINTING INC.
Ref. Number: W05000043010

We have received your document for DARREN MALGONADO MASTER TOUCH PAINTING INC. and your check(s) totaling \$87.50. 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.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 305A00057106

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:

Darren Maldonado Master Touch Painting Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4339 Portage Dr.Polk City,Florida,33868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
profit

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darren Maldonado/President /4339 portage Dr.PolkCity,Fl.33868

ARTICLE VI REGISTERED AGENT

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

Pamela Burnley,4339PortageDrive,PolkCity,Fla.33868

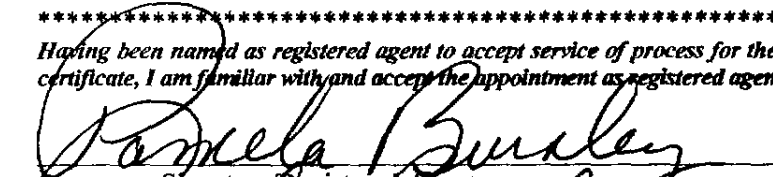

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pamela Burnley,4339 Portage Drive,PolkCITY,Fla.33868

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
05 SEP 22 AM 9:04

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

Signature/Incorporator

9-10-05
Date
9-10-05
Date