

PO6 000 074022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

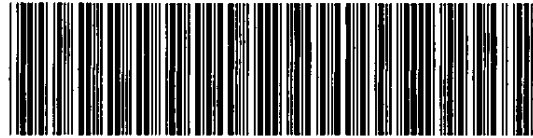
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAY 26 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 30, 2006

W06-23263

COVER LETTER

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

SUBJECT: Linhart 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: David Linhart
Name (Printed or typed)

P. O. Box 607111
Address

Orlando, FL 32860-7111
City, State & Zip

407-468-2972
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 26 PM 2:07

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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:

Linhart, Painting, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3202 Needles Drive
Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Start New Business

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Linhart
President
P. O. Box 607111
Orlando, FL 32860-7111

ARTICLE VI REGISTERED AGENT

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

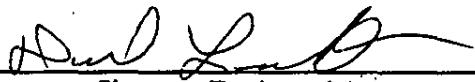
David Linhart
3202 Needles Drive
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Linhart
P. O. Box 607111
Orlando, FL 32860-7111

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

5-14-06

Date

5-14-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA