

PD6000/25632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

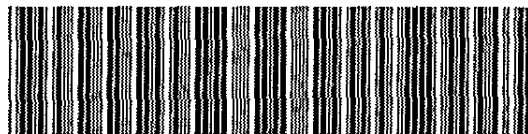
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE OCT -2 2006

COVER LETTER

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

SUBJECT: GIOVANNY MORALES 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: GIOVANNY MORALES
Name (Printed or typed)

56 BRUCE AVE S
Address

LEHIGH ACRES, FL 33971
City, State & Zip

239-303-3528
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:

GIOVANNY MORALES PAINTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

56 BRUCE AVE S, LEHIGH ACRES, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DECORATIVE PAINTING

ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GIOVANNY MORALES 56 BRUCE AVE S, LEHIGH ACRES, FL 33971

ARTICLE VI REGISTERED AGENT

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

GIOVANNY MORALES 56 BRUCE AVE S, LEHIGH ACRES, FL 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GIOVANNY MORALES 56 BRUCE AVE S, LEHIGH ACRES, FL 33971

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/27/06

Date

9/27/06

Date