

PO7000018083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

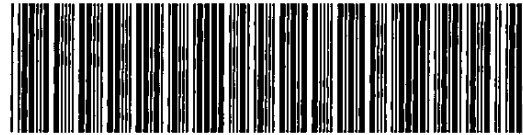
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: Piredda's Painting, corp

(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: JURACIARA PIREDDA

Name (Printed or typed)

511 se evergreen tr.

Address

Port Saint Lucie-fl-34983

City, State & Zip

772-621.0523

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:

Piredda"s Painting corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

511 se evergreen ter.

Port Saint Lucie-FL-USA-34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

title: PD

Juraciara Piredda

511 se evergreen ter.

Port Saint Lucie-FL-USA-34983

ARTICLE VI REGISTERED AGENT

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

Luiz Piredda

511 se evergreen ter.

Port Saint Lucie -FL-USA-3498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juraciara Piredda

511 se evergreen ter.

Port Saint Lucie-FL-USA-34983

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

2/6/07
Date

2/6/07
Date

FILED
07 FEB -7 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA