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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

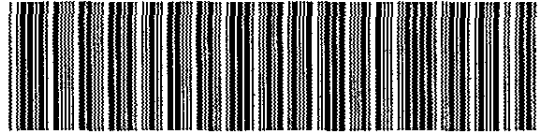
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JUL -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Felton'sPainting 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: Harold Felton

Name (Printed or typed)

29107 S.W. 186 Ave.

Address

Homestead Florida 33030

City, State & Zip

305-506-5354

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:

Felton's Painting inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

29107 S.W. 186 Ave
Homestead Fl. 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Interior and exterior Painting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Harold Felton 29107 S. W. 186 Ave Homestead fl 33030 - pres.
Harold Felton 29107 S.W. 186 Ave Homestead fl 33030- Vice Pres
Harold Felton 29107 S.W. 186 Ave Homestead fl 33030- Sec/Treas

ARTICLE VI REGISTERED AGENT

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

Cathy Felton
29107 S.W. 186 Ave
Homestead Fl 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

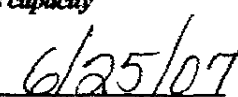
Harold Felton
29107 S.W 186 Ave
Homestead Fl 33030

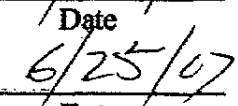
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA