

PD7000106247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

9/25/07

## COVER LETTER

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

**SUBJECT:** Florida Paint Pros, 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:** Daniel Cloud

Name (Printed or typed)

20867 137th Drive

Address

O'Brien, FL 32071

City, State & Zip

386-776-2135

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:

Florida Paint Pros, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

20867 137th Drive  
O'Brien, FL 32071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in the business of painting for financial gain.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Daniel Cloud, President  
20867 137th Drive  
O'Brien, FL 32071

Aaron Cloud, Vice President  
20867 137th Drive  
O'Brien, FL 32071

**ARTICLE VI REGISTERED AGENT**

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

Daniel Cloud  
20867 137th Drive  
O'Brien, FL 32071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Daniel Cloud  
20867 137th Drive  
O'Brien, FL 32071

\*\*\*\*\*

*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

07 SEP 21 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/18/07

Date

9/18/07

Date