

P08000007229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600115478946

01/22/08--01009--019 \*\*87.50

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 JAN 22 PM 1:39

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 22 PM 1:42

FILED

CS.1-22

## COVER LETTER

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

**SUBJECT:** Jose Orama Plastering, 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:** Jose Orama Plastering, Inc

Name (Printed or typed)

1602 Stuckey Ave. Apt 3

Address

Tallahassee, FL 32310

City, State & Zip

850-274-0852

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:

**Jose Orama Plastering, Inc**

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
1602 Stuckey Ave. Apt 3, Tallahassee, FL 32310

### **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:

**100**

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

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

Jose Orama, 1602 Stuckey Ave. Apt 3,  
Tallahassee, FL 32310  
President

**FILED**

08 JAN 22 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Jose Orama, Stuckey Ave. Apt 3, Tallahassee, FL 32310  
11602

**FILED**

08 JAN 22 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Jose Orama, Stuckey Ave. Apt 3, Tallahassee, FL 32310  
11602

\*\*\*\*\*

*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*

Jose L Orama

Signature/Registered Agent

Jose L Orama

Signature/Incorporator

1/14/08

Date

1/14/08

Date