

PD80000010707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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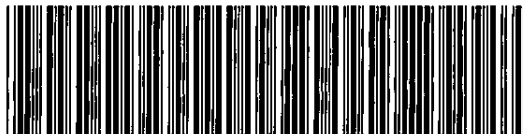
(Business Entity Name)

(Document Number)

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

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08 JAN 28 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/30

1128-2931

## COVER LETTER

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

SUBJECT: Albrite Superior 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: Thomas Francis Lazarich

Name (Printed or typed)

17424 32nd Ln N

Address

Loxahatchee, FL 33470

City, State & Zip

561-301-3670

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
08 JAN 28 AM 8:00  
DIVISION OF CORPORATIONS

January 17, 2008

THOMAS FRANCIS LAZARICH  
17424 32ND LN N  
LOXAHATCHEE, FL 33470

SUBJECT: ALBRITE SUPERIOR PAINTING, INC.  
Ref. Number: W08000002931

We have received your document for ALBRITE SUPERIOR PAINTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 708A00003832

# **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:

**Albrite Superior Painting, Inc.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

17424 32nd Ln N

Loxahatchee, FL 33470

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Residential/Commercial Interior/Exterior Painting & Contractor Services

## **ARTICLE IV SHARES**

The number of shares of stock is:

*One hundred*

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

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

Thomas Francis Lazarich

17424 32nd Ln N

Loxahatchee, FL 33470

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08 JAN 28 AM 8:51  
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:

Thomas Francis Lazarich  
17424 32nd Ln N  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Thomas Francis Lazarich  
17424 32nd Ln N  
Loxahatchee, FL 33470

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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*

Thomas Lazarich  
Signature/Registered Agent

1-15-08  
Date

Thomas Lazarich  
Signature/Incorporator

1-15-08  
Date