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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 22 PM 2:40

W08000023436

UND 5/22

## COVER LETTER

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

**SUBJECT:** L & B Painting Inc

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Brian and Louise Matura

Name (Printed or typed)

1181 Doyle Road

Address

Deltona, Florida 32725

City, State & Zip

321-460-4122 & 321-460-4805

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2008

BRIAN AND LOUISE MATURA  
1181 DOYLE ROAD  
DELTONA, FL 32725

SUBJECT: L & B PAINTING INC  
Ref. Number: W08000023436

We have received your document for L & B PAINTING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You have submitted articles to form a Non-profit corporation. The information listed indicates a Profit corporation. Please review your intentions and resubmit the correct forms.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6921.

Maryanne Dickey  
Document Specialist Supervisor

Letter Number: 008A00029928

New Filing Section

## COVER LETTER

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

SUBJECT: MATURA'S Painting Solutions, 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: Brian + Louise Matura  
Name (Printed or typed)

1181 Doyle Road  
Address

DELtona Florida 32725  
City, State & Zip

321-460-4122 + 321-460-4084  
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:

*Matura's Painting Solution, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*1181 Doyle Road  
Deltona Florida 32725*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*profit / 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):

*Brian Matura - President  
Louise Matura - Vice-President  
1181 Doyle Road  
Deltona, Florida 32725*

## ARTICLE VI REGISTERED AGENT

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

*Louise Matura  
1181 Doyle Rd  
Deltona Florida 32725*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Brian Matura  
1181 Doyle Road  
Deltona Florida 32725*

\*\*\*\*\*

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

*Louise Matura*

Signature/Registered Agent

*Brian Matura*

Signature/Incorporator

*5-20-08*

Date

*5-20-08*

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 22 PM 2:40