

PA8000082762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

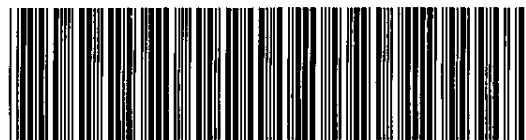
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-9-08
200

COVER LETTER

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

SUBJECT: Precision Pro - The Painter's Friend Repair
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Center, Inc.

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: Joseph J. DiMarco
Name (Printed or typed)

5729 Enclave Ct.
Address

Tallahassee, FL 32303
City, State & Zip

850-544-2712
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: Precision Pro - The Painter's Friend
Repair Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5729 Ennice Ct. Tallahassee, FL. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful business

ARTICLE IV SHARES

The number of shares of stock is: /

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph J. DiMarco, CEO

ARTICLE VI REGISTERED AGENT

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

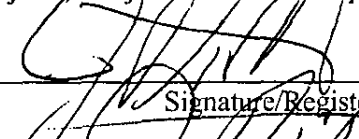
Joseph J. DiMarco
5729 Ennice Ct.
Tallahassee, FL. 32303

ARTICLE VII INCORPORATOR

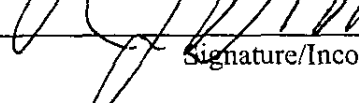
The name and address of the Incorporator is:

Joseph J. DiMarco
5729 Ennice Ct. Tallahassee, FL. 32303

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

5/8/08

Date

5/8/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA