

P08000092020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

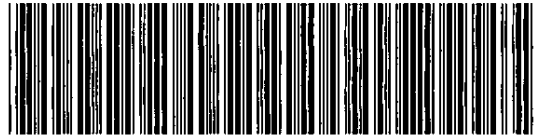
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 OCT 10 PM 4:05

10/10/08

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 10 PM 4:05

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

**SUBJECT:** Good Life 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Timothy Glover

Name (Printed or typed)

10270 sw 167 ter

Address

Miami, FL. 33157

City, State & Zip

305-496-9194

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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Good Life Painting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

10270 sw 167 ter. Miami, Fl. 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Painting

**ARTICLE IV SHARES**

The number of shares of stock is:

2000

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

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

Timothy Glover 10270 sw 167 ter. Miami, Fl. 33157 (Title) P

**ARTICLE VI REGISTERED AGENT**

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

Timothy Glover 10270 sw 167 ter. Miami, Fl. 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Timothy Glover 10270 sw 167 ter. Miami, Fl. 33157

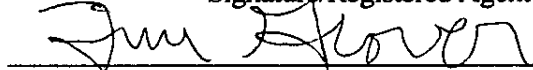
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

10-8-08

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-8-08

\_\_\_\_\_  
Date